

ANDREW DUNCAN

To whom the Royal Edinburgh Asylum owes its origin in 1807

After a Picture by Raeburn





CRAIG HOUSE CENTRE—GENERAL VIEW FROM SOUTH-EAST

Y.B.

ONE HUNDREDTH ANNUAL REPORT
OF THE
ROYAL EDINBURGH ASYLUM,
MORNINGSIDE.

CRAIG HOUSE AND THE WEST HOUSE
MENTAL HOSPITALS.

FOR THE YEAR 1912.



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MRS ELIZABETH BEVAN

(Grand-daughter of Dr Andrew Duncan), who left the "Bevan Fund" to R. E. A.

ROYAL EDINBURGH ASYLUM.

CRAIG HOUSE AND THE WEST HOUSE MENTAL HOSPITALS.

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**Patron — THE KING.**  
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OFFICE-BEARERS FOR THE YEAR 1913.

GOVERNOR.

THE DUKE OF BUCCLEUCH AND QUEENSBERRY.

DEPUTY-GOVERNORS.

THE EARL OF STAIR.	SIR ALEX. CHRISTISON, Bart.
THE EARL OF ROSEBERY.	SIR WILLIAM TURNER, K.C.B.
THE MARQUIS OF LINLITHGOW.	

EXTRAORDINARY MANAGERS.

Lord Provost of the City of Edinburgh.	Sheriff of the Lothians and Peebles.
Lord President of the Court of Session.	Principal of the University of Edin.
Lord-Advocate of Scotland.	President of the Royal College of Physicians.
Solicitor-General of Scotland.	President of the Royal College of Surgeons.
Dean of the Faculty of Advocates.	Senior Minister of Edinburgh.
Deputy - Keeper of His Majesty's Signet.	Master of the Merchant Company.
Members of Parliament for the City.	Preses of the Society of Solicitors.
Member of Parliament for the County.	Dean of Guild of the City.
	Deacon Convener of the Trades.

ORDINARY MANAGERS.

The Lord Provost (<i>ex-officio</i>).	Major-General Dalmahoy.
Sir James Russell, LL.D.	Richard W. Huie, Esq.
L. S. Gumley, Esq.	John J. Cowan, Esq.
Professor Alex. Crum Brown, M.D., LL.D., F.R.S.	W. H. Cook, Esq., C.A.
Professor Hudson Beare, M. Inst. C.E.	Thomas M. Gardiner, Esq.
Professor Rankine, K.C.	John Cowan, Esq.
James Gibson, Esq.	James Adam, Esq.
	T. R. Ronaldson, Esq., M.B., F.R.C.P.

Chairman of the Board—James Adam, Esq.

OFFICE-BEARERS FOR THE YEAR 1913—Continued.

MEDICAL BOARD.

J. J. GRAHAM BROWN, *President of the Royal College of Physicians.*
Professor FRANCIS M. CAIRD, *President of the Royal College of Surgeons.*
Professor JOHN WYLLIE, F.R.C.P.
Sir J. O. AFFLECK, F.R.C.P.
RUSSEL E. WOOD, Esq., F.R.C.S.

DAVID SCOTT-MONCRIEFF, W.S., *Clerk and Treasurer.*
ROBERT SCOTT-MONCRIEFF, W.S., *Joint-Clerk and Treasurer.*

STANDING COMMITTEES.

Visiting Committee.

This Committee consists of the whole Board of Ordinary Managers.

Mr Adam, *Convener.*

Finance Committee.

Mr Gumley.
Professor Hudson Beare.
Mr Cook.
Mr Huie.
Dr Ronaldson.

Mr Gumley, *Convener.*

Law Committee.

Professor Rankine.

Mr Adam.

Mr Cook.

Mr Gardiner.

Mr John Cowan.

Professor Rankine, *Convener.*

Charity and Bevan Fund Committee.

Sir James Russell.

Mr Gibson.

Major-General Dalmahoy.


Dr Ronaldson.

Sir James Russell, *Convener.*





OLD CRAIG HOUSE, 1565-1907



MEDICAL STAFF.

PHYSICIAN SUPERINTENDENT.

GEORGE M. ROBERTSON, M.D., F.R.C.P.Ed.

ASSISTANT PHYSICIANS.

R. DODS BROWN, M.D., F.R.C.P.Ed., D.P.H.

A. W. NEILL, M.D.

DONALD ROSS, M.B., Ch.B.

D. MAXWELL ROSS, M.B., Ch.B.

PATHOLOGIST.

WINIFRED MUIRHEAD, L.R.C.P., L.R.C.S.Ed.

RESIDENT CLINICAL ASSISTANTS DURING THE YEAR.

S. J. A. HALL WALSH,
M.B., Ch.B.

CLARE R. PATTON, M.B., Ch.B.

E. A. KLEIN.

F. R. LUCAS.

F. W. RAYMENT, M.B., Ch.B.

F. G. POWER, M.B., Ch.B.,
L.R.C.P. and S.E.

D. CHISHOLM LEE, M.B., Ch.B.

P. W. P. BEDFORD, M.B., Ch.B.

C. DE C. MARTIN.

C. W. LEWIS.

R. THORP.

HONORARY CONSULTING PHYSICIAN.

SIR THOMAS CLOUSTON, M.D., LL.D., F.R.C.P.Ed.

CHAPLAIN.

THE REV. WILLIAM STUART THOMSON.

STEWARD.

JOHN M'INTOSH.

CLERK OF WORKS . . .	ROBERT CLARKE.
HEAD GARDENER . . .	THOMAS ORMISTON.
STOREKEEPER (West House).	INNES GRANT.
„ (Craig House).	FREDERICK WOMACK.
DISPENSER	C. M. HENDERSON, M.P.S.
SECRETARY	Miss ROSE.

Nursing and Domestic Staff.



CRAIG HOUSE

LADY SUPERINTENDENT.

MISS WISE.

MATRONS OF VILLAS, &c.

OLD CRAIG	-	-	-	-	-	MISS SPENCE.
SOUTH CRAIG	-	-	-	-	-	MISS DARNEY.
BEVAN HOUSE	-	-	-	-	-	MISS BALL.
CRAIG HOUSE (Gentlemen)	-	-	-	-	-	MISS CRAIG.
CRAIG HOUSE (Ladies)	-	-	-	-	-	MISS MILLAR.
LADIES' HOSPITAL	-	-	-	-	-	MISS MACAULEY.
QUEEN'S CRAIG AND THE BUNGALOW	-	-	-	-	-	MISS GRAHAM.
GENTLEMEN'S HOSPITAL	-	-	-	-	-	MISS M'CLOSKEY.
HAWTHORN VILLA, COCKENZIE	-	-	-	-	-	MISS WATT.
NIGHT SUPERINTENDENT	-	-	-	-	-	MISS KERR.

ASSISTANT MATRON.

MISS COBURN.

GENERAL HOUSEKEEPER—MISS CARPHIN.

Assistants—MISS MURRAY AND MISS HERDMAN.

WEST HOUSE.

MATRONS.

MISS THYNE—*Male Department.*

MISS HEARDER—*Female Department.*

ASSISTANT MATRONS.

MISS FORBES (Edinburgh Royal Infirmary).

MISS ARROWSMITH (Ancoats Hospital, Manchester).

MISS DE LAPPE (Dundee Royal Infirmary).

MISS PATTERSON (Western Infirmary, Glasgow).

MISS M'KEITH.

NIGHT SUPERINTENDENT.

MISS CLARKE (Edinburgh Royal Infirmary).

KITCHEN SUPERINTENDENT.

MISS MILLER (Edinburgh School of Domestic Economy).

MISS SHAW (Do. do.) Assistant.

LAUNDRY SUPERINTENDENT.

MISS WHITE.

MISS BELL, *Assistant.*





REPORT

OF THE

ORDINARY MANAGERS

OF THE

ROYAL EDINBURGH ASYLUM FOR THE INSANE

For the Year from

1st October 1911 to 30th September 1912.

ON 31st January 1814, the then Managers of this Asylum presented to the General Meeting of Contributors the First Annual Report which dealt with the year 1813. The present Managers have now the pleasure of presenting to the Corporation the Hundredth Annual Report, dealing with the year to 30th September 1912.

From the First Report it appears that although the Asylum was incorporated by Royal Warrant in 1807, it was not until the 19th day of July 1813 that the first patient was admitted. During that year five other patients were admitted, and, of these six, one was dismissed recovered, one was removed by her relations as they could not afford to pay the board required, and four remained in the Asylum at the close of the year.

In the year that has closed 975 patients have been treated in the Asylum, 222 patients admitted, and 129 patients discharged. This great development in the usefulness of the Institution under their charge the Managers feel to be a matter of justifiable pride.

The Managers in that First Report flattered themselves with the hope that during the course of the then current year the Asylum would be productive of no inconsiderable benefit. At the same time, they expressed their regret at being unable, from lack of funds and from want of accommodation, to extend to the indigent the benefits of the Institution, and their sorrow at having been obliged to refuse several poor cases, and the

Report concludes with a strong appeal to the public for further support.

Looking back over the many years that have passed since that Report was submitted, one cannot but recognise the great benefit which the Institution since its commencement has conferred upon the public, and how fully the modest hope of its founders has been realised. The object they had in view was to provide accommodation for patients from every class of the community, rich and poor alike, and it is gratifying to the Board to feel that this benevolent design has been carried into effect, no patient needing now to be turned away on account of either lack of means or want of accommodation. Since the opening of the Institution, 21,942 patients have been under treatment there, and it is impossible to over-estimate the debt of gratitude which the community owes to the benevolent persons who conceived the idea of the Asylum, and who undertook the tedious and trying work of raising the funds necessary to give effect to their views.

It will be remembered, that on account of the alteration in the date and manner of closing the Accounts of the Institution, the last Report dealt with a period of only nine months, and that accordingly no attempt was made therein to contrast the figures of the income and expenditure of this broken period with the figures of former years. The Managers are now able to submit a Report dealing with the work and finances of the Institution for a full year under the altered method of accounting. For the reasons set forth in last Report no comparison is possible between the figures of the nine months to 30th September 1911 and the figures of any other year, and those studying the Accounts are respectfully requested to bear this in mind.

CRAIG HOUSE.

The average daily number of patients under treatment in this department for the year to 30th September was 215, being a decrease of 3 in comparison with the average for the preceding nine months.

No structural alterations of any moment have been undertaken in this department during the year, although considerable sums have been spent in keeping the buildings and

furnishing abreast of the times, and maintaining the high reputation enjoyed by the Institution as a mental hospital for the richer classes.

WEST HOUSE.

The following table gives the average number of patients in this department of the Institution:—

	1st Jan. to 30th Sept. 1911.	30th Sept. 1911 to 30th Sept. 1912.	Increase.	Decrease.
Intermediates at £60 - -	7	6	—	1
Do. at £45 - -	157	163	6	—
Private Patients at £32. 10s.	77	72	—	5
Rate-paid Patients at £34. 10s. (including clothing) - -	289	294	5	—
	530	535	11	6
		530	6	
Total Increase -		5	5	

The amount of board received for all the West House patients, including extra accounts, during the year was -	£20,833	1	9
Sundry other receipts, including £773. 15s. received from Craig House for labour performed for that department by West House patients - - -	1,260	18	11
Total ordinary income - -	£22,094	0	8

Deduct—

1. Payment for ordinary maintenance, including Interest of Debt, etc. -	£21,159	3	10
2. Capital Instalment to- wards Sinking Fund -	1,971	16	2
	23,131	0	0
Showing a deficit for the year of -	£1,036	19	4

Of this deficit £126. 14s. 8d. pertains to intermediate patients.

The following table shows the cost of maintenance of the two classes of West House patients for the year from 1st October 1911 to 30th September 1912, based on the hypothetical assumption that the Managers have charged the full sum authorised by the Court of Session towards liquidation of debt:—

	Cost in Year to 30th Sept. 1912.			Mean Rate of Board.			Deficit on each Patient.		
	£	s.	d.	£	s.	d.	£	s.	d.
Each Intermediate Patient	46	18	11	45	10	8	1	8	3
Each Rate-paid Patient and Patient at the low- est Rate of Board -	37	1	3	34	11	7	2	9	8

The details of these figures will be found on page 57. The Managers cannot but regard them as on the whole satisfactory. It is true that the full amount of debt under the Sinking Fund Scheme has not been paid, but the department, in spite of the increase in the cost of provisions, coals, etc., has paid its way and reduced its debt by £1,058. 18s. 2d. The Managers do not therefore propose to raise the rates of board for the current year, but they think it right to point out that the great rise in price of coal and the increasing cost of provisions will probably compel them to raise the rates next year.

The work of renovating this department has been steadily continued during the year, the most important alterations undertaken having been the reconstruction and enlargement of the laundry. The improvements effected on the laundry buildings and the plant therein will not only tend to a much more efficient service, but will also diminish the risk of accidents and add to the comfort of the workers.

During the current year it is the purpose of the Board thoroughly to overhaul the West House kitchen, and estimates have already been accepted for providing additional accommodation and plant therein.

In last Report reference was made to three Bills then before Parliament which had been under the consideration of the Royal Asylums, namely:—(1) The National Insurance Bill; (2) The Asylum Officers' Employment, Pensions, and Superannuation Bill, introduced by Lord Wolmer; and (3)

A Bill to Amend the Law relating to Lunacy in Scotland, introduced by the Secretary for Scotland. In regard to these measures the six Royal Asylums have worked in concert, and a word may be said as to what has been done in regard to each of them and how they now stand.

1. *The National Insurance Bill.*—An attempt was made in conjunction with the hospitals to have this Bill amended so as to exclude from its operation asylums and hospitals and such-like institutions. All efforts, however, proved vain, and, as is well known, the Bill became law and came into operation on 15th July last. The Act being passed, the Managers felt they had no alternative but to place their employees under its provisions, thus involving an additional annual expenditure on the Asylum of about £160, and of a rather larger sum on their employees. As the Managers had been in the habit of providing doctors and drugs for those in their employment, and, as an act of grace, but not as a right, of paying them wages while laid aside for even a longer period than that provided by the Act, their employees have gained nothing by these large payments, so far as these benefits are concerned. Apart from these monetary questions there were other objections to the Act, and to obviate some of these evils applications have been made by the employees to the District Committee of the Insurance Commissioners asking their sanction to a special arrangement whereby they should be treated as heretofore by the doctors resident in the Institution. It is understood that similar applications have been made by the nursing staffs of the Royal Infirmary, the Sick Children's Hospital, and other such institutions.

2. *The Asylum Officers' Employment, Pensions, and Superannuation Bill.*—This Bill which deals amongst other matters with the hours and holidays of Asylum employees in District Asylums does not directly affect Royal Asylums. It is obvious, however, that if the Royal Asylums wish to command the services of the high class of attendants, whom they have hitherto been able to employ, it will be necessary for them to fall into line with the District Asylums in regard to any restriction of hours of service or extension of holidays which Parliament may fix. The Managers therefore felt that

in these matters they would be indirectly forced to come under the provisions of the Bill, and as it was estimated that to do so would cost them an additional sum for wages of £1,100, they had a very material reason for desiring its amendment. As mentioned in last Report, the Royal Asylums led evidence before the Parliamentary Committee to whom the Bill had been remitted, but, although it was understood that this evidence had carried considerable weight, the Bill as returned to Parliament was still far from meeting their views. Arrangements were accordingly made to have amendments moved when the Bill should come before the House of Commons for second reading. These amendments were based on the medical evidence led before the Committee, and, while considerably reducing the extravagant provisions of the Bill, would still have improved the position of Asylum employees both as to hours and holidays. Owing to pressure of public business the Bill was never reached, but the Managers felt that, looking to the opinions which had been expressed by medical authorities upon these matters, it was not for them to delay altering their time-table until Parliament should take the matter up. They have accordingly added to their staff a sufficient number of attendants to permit of their employees enjoying the restricted hours and extended holidays recommended by one of the Commissioners in Lunacy and by the medical profession. They are glad to say that through the skilful readjustment of the duties of the staff by Dr Robertson, the cost of this change has been much less than was at first anticipated.

3. *Bill to Amend the Law relating to Lunacy in Scotland.*—In regard to this Bill, which was introduced by the Secretary for Scotland, a deputation from the Board waited on the Commissioners in Lunacy, who explained certain points which had appeared of doubtful expediency, and assured the deputation that its provisions had been conceived in no spirit hostile to the Royal Asylums, or with any desire to curtail the freedom of the Managers. Arrangements were also made for representatives of all the Royal Asylums waiting on the Secretary for Scotland and expressing their views as to the measure; but before a date had been actually fixed for the reception of the deputation, it became evident

that the Bill had no chance of being reached during the session, and the matter was accordingly allowed to lie over.

There has been another matter of importance under the consideration of the Royal Asylums, namely, the advisability of their coming under the same pension scheme as that in force in District Asylums under the Asylum Officers' Superannuation Act, 1909. In order to judge how this pension scheme would affect them it was necessary to collect information not only as to all attendants and servants at present serving in Royal Asylums but also as to those who had formerly served in Royal Asylums although now in District Asylums. This information was obtained and states prepared showing how each Royal Asylum would be affected by coming under the Act. It was found that so far as the Royal Edinburgh Asylum was concerned, the adoption of this pension scheme would make comparatively little difference; for, although the pensions already granted would have been larger if made under the Act, the payments that it might be called upon to grant would likely be smaller seeing that to a certain extent they would be recoverable from other Asylums. From a monetary point of view, therefore, there seems no reason for the Royal Edinburgh Asylum objecting to come under the pension scheme of the District Asylums, if it is to be a benefit to the staff, and if it facilitates the interchange by promotion of officials between the two classes of Asylums by the removal of a financial barrier. The matter is still under consideration.

The Institution was visited by Dr Marr, one of the Commissioners in Lunacy, on 6th, 7th, and 8th June 1912, and by Dr John MacPherson, another Commissioner, on 18th and 19th November 1912, and copies of their Reports will be found within. Dr MacPherson in the Report of his latest visit, writes:—"The condition of the patients both at Craig House and the West House was so satisfactory as to require no comment. The 216 resident patients at Craig House manifest every form and degree of mental disturbance, and very ample provision is made for the care, treatment, and recreation of the patients according to their varying needs. Of the 555 resident patients at the West House, the same comment may be made." In the same Report he writes:—

“ The best traditions of this Asylum, which have all along
 “ been based upon the medical treatment of insanity, are
 “ being most ably and vigorously sustained at the present
 “ time.”

The Managers have again to record their sense of obligation to Dr Robertson for his indefatigable labours to promote the interests of the Institution, and their high appreciation of the excellent manner in which his efforts have been supported by the Assistant Physicians, as well as by the Matrons, Chaplain, and others.

The Reports of the Charity Committee and Bevan Fund Committee are submitted herewith, along with the Treasurer's Accounts, and the Managers again beg to draw the attention of the charitable to the claims of the Charity Fund.

In name of the Managers,

JOHN RANKINE,
Chairman.





CRAIG HOUSE—CHIEF DRAWING-ROOM



OF
THE CHARITY COMMITTEE OF MANAGERS
OF THE
ROYAL EDINBURGH ASYLUM FOR THE INSANE

For the Year ending 30th September 1912.

The Account of the Treasurer's Intromissions with the Charity Fund is herewith submitted:—

The Fund amounted at 30th September 1911 to	-	-	-	-	-	£9,760	0	2
To which falls to be added the amount received to account of the legacy bequeathed by Mr William Mason and his Sisters	-	-	-	-	-	500	0	0
							<hr/>	<hr/>
							£10,260	0 2

The Ordinary Income from Investments for the year amounted to	-	-	£350	8	6
And the Subscriptions received from the public to			34	13	3
			<hr/>	<hr/>	

Thus raising the gross Income to	-	-	-	£385	1	9
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The Ordinary Expenditure during the year for the benefit of patients was £332 12 10

And the expense of Management was	-	-	11	7	6
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Making the Total Expenditure			344	0	4
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Surplus of Income over Expenditure			41	1	5
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Amount of Fund at 30th September 1912	-	-	-	-	-	£10,301	1	7
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The total number of patients relieved during the year from Ordinary Income was 39, while the number on the roll at the close of the year was 27.

Along with the Account of the Charity Fund, the Committee beg leave to submit the Account of the Treasurer's Intronnissions with the Bevan Trust Fund.

At 30th September 1911 the Fund amounted									
to	-	-	-	-	-	-	-	£12,541	3 0
The Ordinary Income during the									
year amounted to	-							£445	13 2
The Ordinary Expenditure for									
the benefit of									
patients	£312	4	8						
Expense of									
Management	15	19	10						
								328	4 6
								117	8 8
Amount of Fund at 30th September									
1912	-	-	-	-	-	-	-	£12,658	11 8

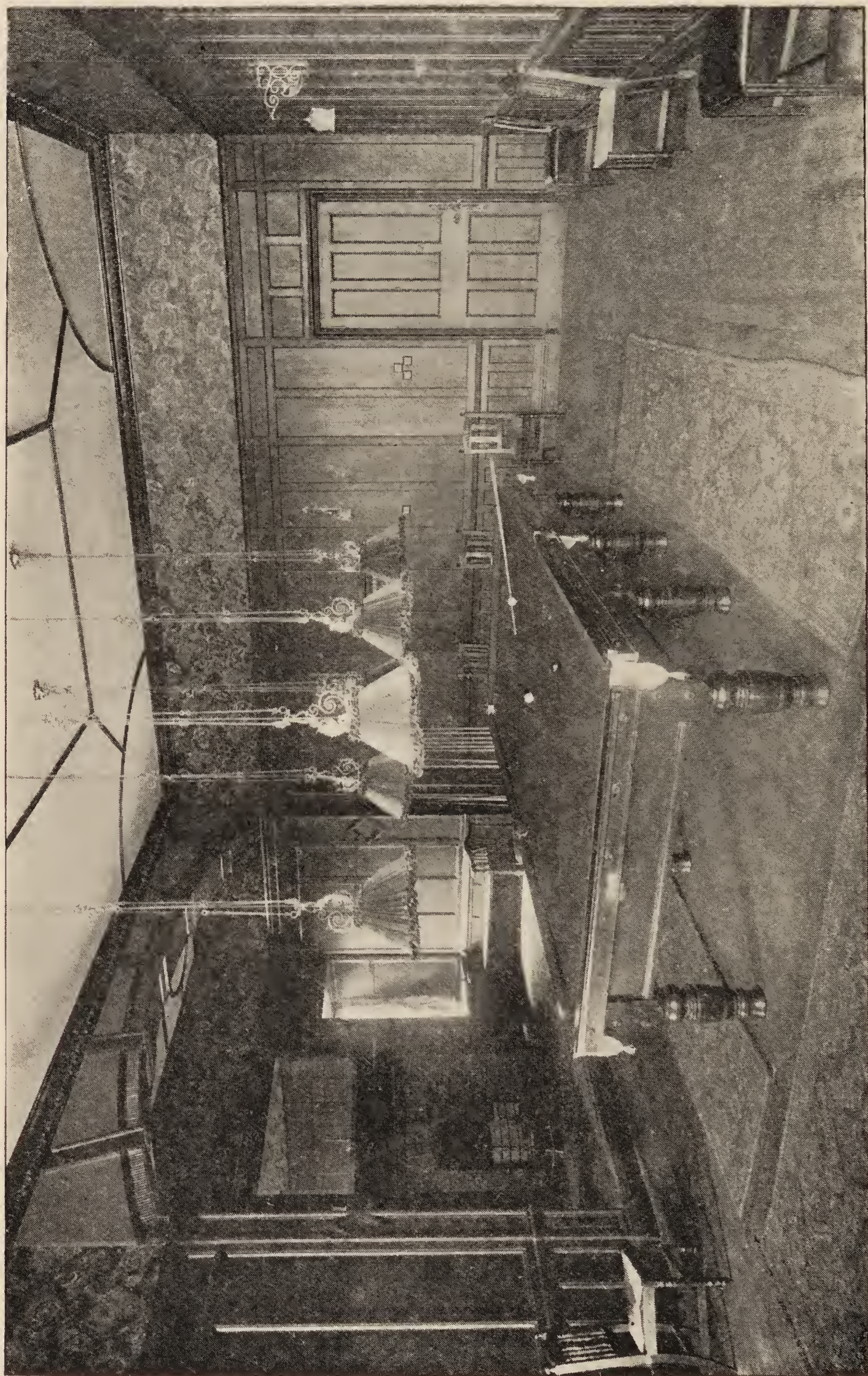
The number of patients relieved during the year was 27, and the number on the roll at the close of the year was 23.

It will be seen that this year for the first time for several years the income on both Funds has been sufficient to meet expenditure. This is due partly to increase in the income arising from the receipt of legacies and partly to the removal from the rolls of several chronic cases whose mental condition had become such as to prevent them receiving any benefit from the grants which had been made them. The additional funds thus made available have enabled the Committee not only to deal more liberally with cases where grants were of moment, but also to repay to some extent the encroachments on Capital which the deficits of former years had necessitated.

The Committee are glad to report that there is again this year an increase in the subscriptions received from the public to the Charity Fund and they take this opportunity of returning their thanks to the subscribers. They would like at the same time to draw the attention of the charitable public to the valuable work which is done by this Committee for the help of a most deserving class.

R. H. FISHER,
Convener.





CRAIG HOUSE—CENTRAL BILLIARD ROOM

Physician-Superintendent's Annual Report for the Year 1912.

MY LORD PROVOST AND GENTLEMEN,

I have the honour to submit the
Physician-Superintendent's Report for the year 1912.

On the 1st day of January the total number of patients on the Register was 753. On the 31st day of December the number was 784. There was thus an increase of 31 patients during the course of the year.

The number of Admissions was 222, of Discharges 129, and of Deaths 62.

A summary of these changes in the population during the course of the year is given in the following table:—

	M.	F.	Total.
On the General Register, 1st Jan.			
1912 - - - -	357	396	753
Admitted - - - -	107	115	222
	<hr/>	<hr/>	<hr/>
Under Treatment during the Year	464	511	975
Discharged—Recovered - -	25	33	58
Discharged—Unrecovered -	35	36	71
Died - - - -	31	31	62
	<hr/>	<hr/>	<hr/>
Removed during the Year -	91	100	191
Remaining on General Register,			
31st Dec. 1912 - - - -	373	411	784

The most important fact revealed by those statistics is the increase during the year of the total population to 784, after having been stationary for the last four years, and as low as 743 at the end of the year 1907.

THE ADMISSIONS.

The total number of admissions last year was 222, or 43 more than in the previous year. Both Craig House and the

West House shared in this increase, and the number of admissions to the former has only once been exceeded during the last ten years.

MELANCHOLIA.

A caricature
of natural
depression.

Of the forms of insanity admitted melancholia, as usual, was the most prevalent, and it accounted for nearly a quarter of the admissions. Its symptoms resemble and are a caricature of those of natural anxiety or despondency, the direct result of depressing causes, such as loss of friends or reverses of fortune. It differs from natural melancholy in not being a reaction to any external cause affecting the feelings, but the result of internal disorder of the brain. The patient is often himself at a loss to understand the reason for his mental depression, and he may endeavour to account for it by giving imaginary explanations, such as that he must have been ruined, or that he is forsaken by God for his sins, or that some terrible calamity is about to happen to him or his family. It, of course, very frequently follows upon worries and anxieties, but in such cases it is not the direct result of these, whose first action is to undermine the health. This fact is demonstrated by the occasional occurrence of a paradoxical sequence, as happened in two cases last year. In the first case, a woman lost her husband, and she passed into a condition of morbid elation or mania. The other case, which is less open to the shafts of the cynic, was of a daughter who lost her mother, and after three or four days of natural grief she also passed into a state of hilarious mania or mental exaltation. Any reference to the death of her mother, instead of producing tears, now elicited the joyous news that she was an angel and as happy as she. It must be added, by way of explanation, that mania and melancholia—or morbid elation and depression—are alternative manifestations of the same disease process, and they are often associated together.

Paradoxical
sequences.

ALCOHOLIC INSANITY.

Still heads
the list, but
less than
usual.

Among the exciting causes of insanity, alcoholic excess, as in former years, still heads the list, but the proportion of alcoholic insanity is less than usual, being only 11·2 per cent. of the total. It was pointed out in these reports that during the years 1908, 1909, and 1910, the proportion of alcoholic





CRAIG HOUSE AVENUE

insanity among women appeared to be steadily increasing. It is therefore very satisfactory to add now that the figures during the last two years show a decrease. The quinquennium that has just ended shows no sensational change in the habits of the people, but as the major amount of this insanity is preventible, the doctrine of temperance still requires to be preached.

Percentage of Admissions suffering from Alcoholic Insanity during quinquennium 1908-1912.

Year.		Male.	Female.	Total.
1908	-	15	7·5	10·8
1909	-	16·4	9·8	14·3
1910	-	13·9	11·2	12·3
1911	-	28·9	9·7	17·8
1912	-	14	8·6	11·2
Annual Average		17·6	9·3	13·2

GENERAL PARALYSIS.

The only other form of insanity that need be referred to is general paralysis of the insane, which occurred in 24 cases, of whom only 1 was a woman, the diagnosis in every case being confirmed by the Wassermann reaction and all the other laboratory tests. As there were 107 admissions of men, 21·5 per cent., or over one in five, of the male cases suffered from this terrible disease. The average admission rate for the last five years is over 19 per cent., as compared with 16·4 per cent. for the whole of England, and it must be remembered, too, that nearly a third of the cases are not sent to institutions. A great deal of attention is directed annually to alcoholic insanity, which amounts to only 17·6 per cent. of the admissions, and is therefore less frequent in the male sex in this district than is general paralysis. The two diseases cannot be compared as regards seriousness, for while alcoholic insanity is usually recovered from on the removal of the cause, the cure of general paralysis has baffled all our efforts, and the disease is fatal in two or three years' time. The death-rate tells its story in even more dramatic form. Of 31 deaths of men this year, 14, or 45 per cent., died of general paralysis. This is, however, slightly above the average rate, for during the last five years, of 158 deaths of male patients, 65, or 40 per cent., died of it.

An urgent
problem in
public health.

The Army
sets an ex-
ample.

These statistics reveal a state of affairs that calls urgently for public attention, and only because the subject has certain aspects that require delicate handling has reference to it been avoided in the past. I, however, feel it a duty incumbent on me to do so now, not only from my position, which enables me to see the extent of the evil, but also because the incidence of this disease in this area is probably not exceeded elsewhere in Scotland. It is also a disease which there is good reason for believing is now within the power of medical science to avert, if it is not able to cure it. Large numbers of soldiers used in the past to fall victims to it, but medical treatment in the Army has become so thorough and scientific that, after twelve or fifteen years, this profession will probably cease to supply its proportion of cases. Can something of the same kind not be done for men in the civil population? They would no doubt require to be educated to a sense of their dangers, and the value of early treatment, by short addresses or printed warnings in their workshops. The insurance or some other public authority would require to make provision for treatment, which would not be difficult or expensive owing to the short time now required, and the medical profession should be given the power of exercising more pressure than at present for insisting upon treatment till a cure be obtained. If these measures were successful, in fifteen years not only general paralysis, but a host of serious maladies, would decrease enormously in number. The old policy of merely ignoring the existence of these ills is now inexcusable and something must be done.

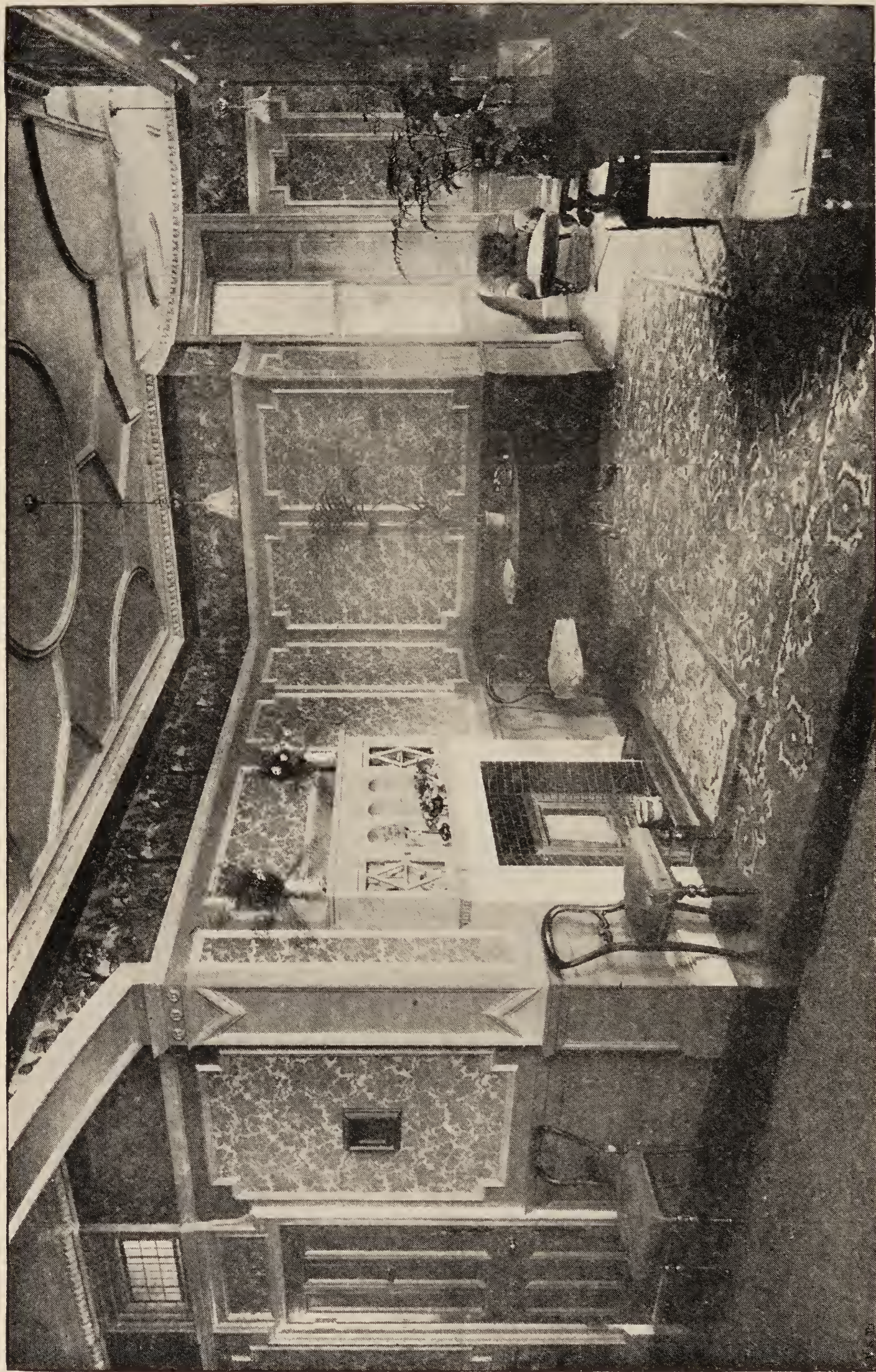
DISCHARGES.

Fifty-eight patients were discharged as recovered, and 71 as unrecovered. The recovery rate during 1912 was 26 per cent. of the total number of admissions. The lowness of the rate is partly accounted for by the large number of senile cases admitted, no less than 18 being over seventy years of age. The average age of the admissions during the last four years was forty-three years, whereas last year it rose to forty-five.

DEATHS.

The total number of deaths was 62, which is in the proportion of 8.2 per cent. of the average number resident. This is





CRAIG HOUSE—RECESS IN CORRIDOR

the lowest death-rate that has been recorded for over twenty years, with one exception, namely in 1910, and the general health of the population has been very satisfactory. Sixteen of the deaths were due to general paralysis, and 16 were of persons over seventy years of age, these two groups thus accounting for 32 out of a total of 62 deaths. Among the deaths were those of two nonagenarians, who had both been many years in the Institution. Low death-rate.

CONSUMPTION.

There were only 6 deaths due to phthisis pulmonalis, of which 5 were of women. Of these cases three were diagnosed on admission to be suffering from disease of the lungs, and one of these died within a fortnight. Of the other three, one was known to be affected for five years; a second was probably infected by her father, who died of consumption; and the third was a female drunkard: alcoholism, by lowering the bodily health and weakening the powers of defence, is an important factor in the development of phthisis. One of the other women who died of consumption was a typical drunkard, with a face scarred by injuries received in tumbles or brawls, and with very deficient powers of self-control. She had appeared in the police courts more than a hundred times, and she had twice created a scene at the Dean Bridge by attempting suicide. A son is following in her footsteps, and his career promises to repeat the chief features of her own. Two female drunkards die of it.

These statistics show a very satisfactory state of affairs as regards this disease, which was so prevalent at one time. The insane are now carefully observed and examined for the very earliest signs of consumption, and they at once receive sanatorium treatment, in which respect they are quite as well off as the sane consumptives among the poor.

ARTIFICIAL OR TUBE FEEDING.

It is a new experience for us to find the proper treatment of our patients hampered by political questions, as we do now, with regard to the artificial feeding of patients who refuse their food. During the course of the last eighteen months I have on several occasions found the friends of patients, as a result of what has appeared in the press on the subject, manifestly offering resistance to this most necessary and humane procedure. New attitude of public to it.

and they have had to be won over by persuasion and argument. I have met relatives prepared to allow the patient to starve, and probably die, rather than to be fed, although this feeding might only be necessary for a few days. I have known of cases where the patients were not fed, and have died.

Asylum
physicians
perplexed and
astonished.

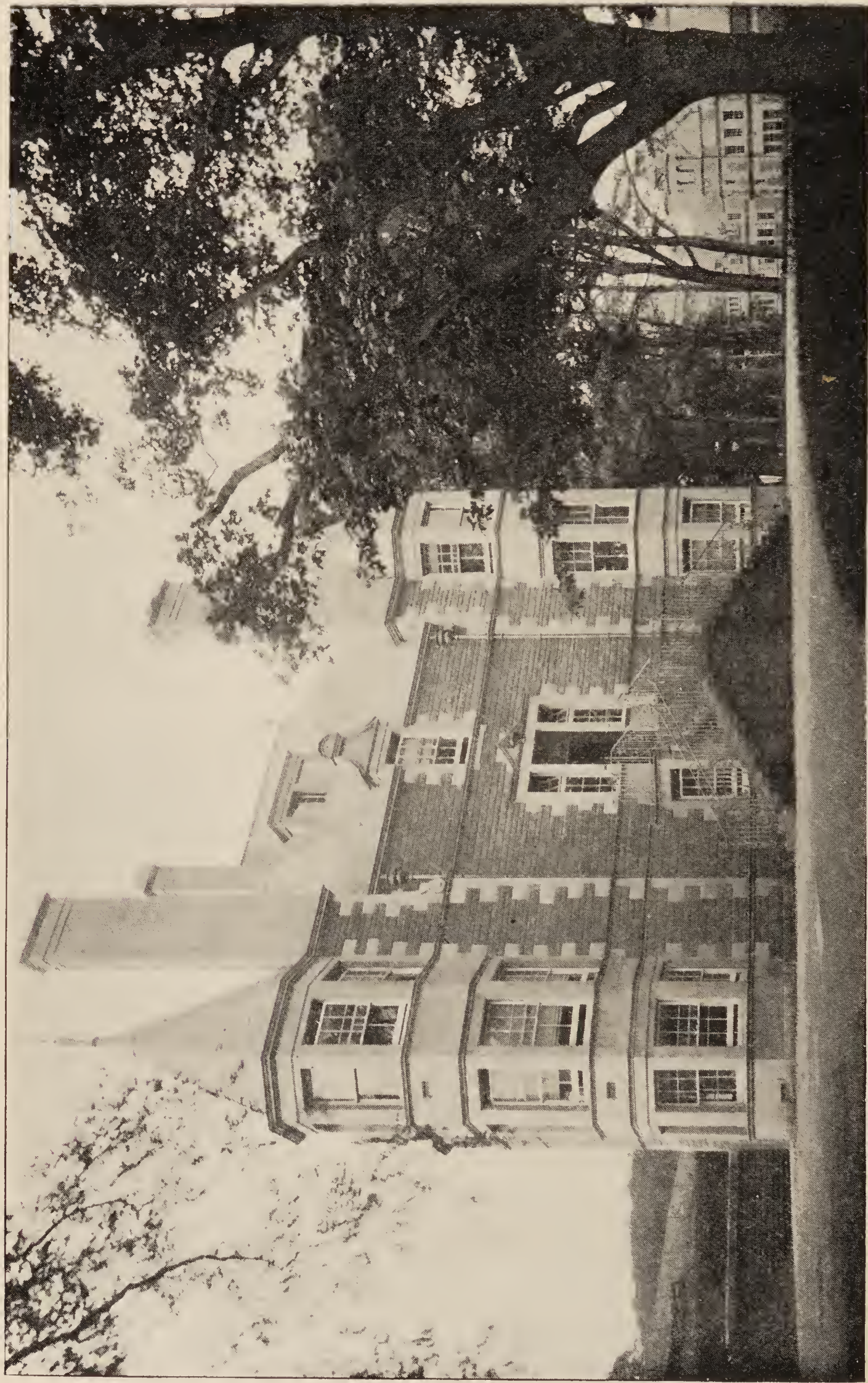
It has been a source of perplexity and astonishment to all engaged in the treatment of the insane to learn that artificial feeding by means of a tube should be regarded as torture or dangerous. It is true it is unpleasant, and causes a tendency to retch, with transient sensations of choking, and on the first two or three occasions it may be accompanied by feelings of alarm, but it is certainly not painful in the ordinary sense. With regard to danger, it cannot be said to be entirely free from it, but neither can, for that matter, the every-day act of swallowing food in the weak. If the operation is done with the exercise of ordinary care and skill, upon a person not suffering from an alarming degree of weakness, there is no practical danger. I have probably performed the operation, as an Assistant Medical Officer chiefly, over 2,000 times, and I have never seen evil results in any of these cases, but the reverse. Patients have been fed in mental hospitals in this way for years at a time without ill-health, but special attention has to be paid to the ingredients of the food in these prolonged cases. It must include, beside the staple articles of milk and eggs, the juice of vegetables and of fruit such as oranges, and it is usual, too, to add, if desirable, stimulants and medicines.

Why do
Suffragettes
suffer?

During 1912 more than a fourth (66 out of 240) of the suffrage prisoners in England were liberated for reasons of ill-health, which, with few exceptions, was due, wholly or in part, to their refusal to take food. I concluded at one time that the process of artificial feeding must have been resorted to in these cases much too late, when the strength had already failed from want of nourishment, for I find this is the mistake the inexperienced most commonly fall into in treating the insane, and I warn my students of this danger. We are all more inclined to defer feeding too long, than to begin too soon, but it is safer to err the other way. I now understand that what differentiates "the hunger-striker," from the insane person who refuses food, and is an important factor in the injury to health she occasionally sustains, is the purposeful and violent way she resists and

Is feeding
adopted too
late?





BEVAN HOUSE

struggles until utterly exhausted. After she is fed, she voluntarily ejects the meal. The patient, on the other hand, is frequently confused and even apathetic, and may be a mere passive resister, or else is intelligent enough to realise that whatever he may do, he will be fed in the end. He is also aware that no unnecessary inconvenience or indignity will be offered to him in the process to which he quickly becomes accustomed. It is probably not so much the feeding as the struggling that injures "the hunger-striker," and if she struggled to the same extent on an empty stomach in having her face washed, or her clothes put on, the consequences might be similar.

Are they
exhausted
by their
struggles?

PERSUASION AND TACT.

No patient is ever fed without being first offered his food in the ordinary way, and until every form of persuasion has been tried in vain. He is sometimes left alone in a room with his food, or it is offered to him by someone he is friendly with, or he is coaxed by a member of the opposite sex. Lately one of our intelligent patients as a protest actually went on hunger strike in the most approved manner. As he was in good health he was allowed to starve himself for a couple of days, then the nurse of the ward arranged with the attendant, under whose constant personal supervision he was, to turn his back on him for a moment. She induced another patient to seize this opportunity of slipping a slice of bread, as if surreptitiously, under the bed-clothes of the hunger-striker. This pantomime was repeated daily, and he sustained himself on this simple menu for several days longer, till it dawned upon him, from the indifference of the officials, that they knew more about his secret supplies than he had imagined. Realising at length that he had been circumvented, he began to eat his meals. A gentleman at Craig House, last December, obeying the commands of imaginary voices, also refused his food, and had to be fed for nearly a week. On the morning of the 25th he was still obdurate, but at dinner time a slice of roast turkey, a glass of champagne, and the sight of everyone else enjoying Christmas fare, supplied just the stimulus that was needed, and he himself set to with right good will, and he has continued to take his food ever since. Human nature is much the same in a mental hospital as out of it, and he who understands it best makes the

How a
hunger-
striker was
circum-
vented.

Effect of
Xmas fare !

most successful physician or nurse. It is hoped that these simple statements and illustrations will enable all reasonable people to see in its true light what I have already called a most necessary and a humane procedure under certain conditions, and how we meet difficulties as they arise.

ANOTHER CAUSE OF INSANITY DISCOVERED—PELLAGRA.

Rather a noteworthy discovery, reflecting credit on the accuracy of the medical work, may also be referred to here, although it did not actually take place last year.

How the discovery was made.

A young woman from Shetland was admitted to the West House, suffering from delusions and indefinite bodily symptoms, which were suggestive of general paralysis of the insane. Because of the incomplete picture she presented of this disease, the case was very minutely studied in every way, but its exact nature remained an unsolved problem. In this state of doubt we invited a specialist in skin diseases to report upon the symmetrical brownish-red inflammation of the back of the hands and face resembling sunburn that she suffered from. Dr Low had the good fortune to have previously seen some casts illustrating pellagra, and he was of opinion that the eruption on this woman's hands resembled it. All the other symptoms were confirmatory of this opinion, and on reviewing the case in the light of this suggestion there was no doubt whatever that it was a typical one of pellagrous insanity, from which the patient died.

The only case in Great Britain in 45 years.

The interesting point about this discovery was that it was the only example of undoubted pellagra then known to have occurred in this country during a period of forty-five years. Only one other undoubted case had ever been reported, and this was described in 1866 by the late Dr Howden, of the Montrose Royal Asylum, a former assistant of this Institution. Since, however, Dr Dods Brown and Dr Cranston Low published a record of this case and attracted attention to the disease, other cases have been found, and it is the opinion of Dr Sambon, an authority on this subject, that the disease is endemic in parts of the country, but till now it has been overlooked. Similarly, six years ago it was thought to be non-existent in North America, but it is now known to occur there in thirty-three States, and over 10,000 cases are on record.

The cause of pellagra, which is a common disease in Italy and Egypt, was formerly believed to be eating damaged maize ; but our young Shetlander never partook of this diet, which in Scotland is only given to pigs and poultry, though we found s he was guilty of eating handfuls of raw oatmeal and rice. Dr Sambon has brought forward the interesting theory, for which there is much support, that the disease is conveyed by a bit ing sand-fly known as "Simulium." This insect haunts the banks of swiftly running streams, unlike the malarial mosquito, which prefers and breeds in stagnant pools, and pellagra is always found in country districts near running water, and never in towns, and its chief victims are agricultural labourers.

It may be conveyed by a fly, like malaria and sleeping sickness.

Another cause of insanity in this country, unknown till now, has thus been discovered in this institution, and Dr Sambon and Dr Chalmers rather alarm us by expressing the opinion that " a fatal, insanity-causing disease, such as pellagra is, cannot be allowed to continue unchecked in its progress, and it behoves us to take the matter very seriously in hand." How serious a state of affairs may develop may be judged from Egypt, where 25 per cent. of those admitted to the Cairo Asylum are reported by Dr Warnock to suffer from pellagra ; or from Italy, where Professor Tanzi calculates between 70,000 and 100,000 of the population suffer this disease.

Dr Sambon's warning.

THE CENTENARY OF THE OPENING.

As the institution was opened for the reception of patients on the 9th of July 1813, it will, during the course of the present year, complete its hundred years of existence. The proposal for its establishment was originally made twenty-one years previously by the President of the Royal College of Physicians, and its object was to provide for the care of insane persons, who were still in a recoverable state, by members of the Royal Colleges of Physicians or Surgeons. The rich were to be charged for, and the poor were to be maintained gratuitously whenever sufficient funds could be obtained for the latter purpose. The Lord Provost of the city and others holding high official positions agreed, at the suggestion of the Royal College of Physicians, to form themselves into a body of trustees to carry this scheme into operation, and regulations for the management of the Institution were subsequently adopted, after they had been submitted to every member of the College of Physicians

9th June 1813.

The Royal College of Physicians originates the scheme.

and Surgeons for suggestions. The Institution was thus launched under the most favourable auspices, both medical and lay. It is one of the most useful that has been proposed by the College of Physicians, and it is one of the most successful that has developed under the patronage of the civic authorities and other representatives of the public. From the very beginning it aimed at being national in character.

CRAIG HOUSE.

A modern
mental
hospital for
those with
means.

The Institution, as was originally intended, is a mental hospital chiefly for private patients. Those paying the higher rates (£2 a week and upwards) are cared for and treated at Craig House, which is a separate establishment within extensive grounds of its own. It is a modern building, and it takes the place of the original East House, which was sold about eighteen years ago, owing to the encroachments of the city. It occupies a commanding situation on Craiglockhart Hill, where its handsome tower of red stone is a landmark, and the main building is surrounded by villas of various kinds, in which every form of accommodation, nursing, and treatment can be provided.

WEST HOUSE.

The other establishment is the West House, situated in Morningside, and here are treated private patients paying low rates of board (£32. 10s. and £45 a year) as well as patients chargeable to Edinburgh, Leith, and the Orkney parishes. In these two establishments it can be truthfully said that the intentions of the wise and humane promoters of the scheme, and the generous subscribers to it, are carried out in a way that exceeds their most sanguine anticipations. It is true that the poor are not kept gratuitously, for since then the principle of assessment for their support has been introduced, and it may yet be extended for the support of those treated in general hospitals, but the work of the Institution is nevertheless largely of a charitable nature, as is witnessed by the report of the Charity Committee.

Dr Fisher's
Report.

THE MEDICAL STAFF.

Diploma in
Psychiatry,
Edinburgh.

The University of Edinburgh last year created a Diploma in Psychiatry, open to graduates, with the object of improving





SOUTH CRAIG

the qualifications of those desiring to become medical officers of mental hospitals. Facilities were therefore given to the assistant physicians of this Institution to attend the necessary courses of instruction, and Dr Dods Brown has been one of the first to obtain this Diploma, the possession of which, it is expected, will be in course of time essential for all applicants to these medical posts. In connection with this Diploma there is now established a post-graduate clinical lecture every Thursday forenoon at eleven at the West House, and it is the first time an advanced course of this kind has been provided in this country, in which something more than the mere rudiments of insanity is taught. It is conducted by me, with the able assistance of the Medical Officers, Dr Donald Ross and Dr Maxwell Ross, and we have all found, teachers and taught alike, the discussions to be most useful.

A weekly post-graduate clinical lecture instituted.

The well-equipped laboratory, under the immediate charge of Dr Muirhead, is also a stimulus to scientific study, besides being of great practical assistance to us in our clinical examinations and in the treatment of the patients. The accurate diagnosis of some of the organic diseases of the brain has now reached such a degree of complexity that it can only be arrived at after a chemical examination of the blood and other fluids has been made by an expert in the laboratory. In addition to this routine clinical work, original researches have also been carried on. One of these, done conjointly by Dr Henderson and Dr Muirhead, on the different forms of cells found in the cerebro-spinal fluid in disease, would have obtained on its merits the Bronze Medal granted by the Medico-Psychological Association, but for a technicality.

The laboratory of the Royal Edinburgh Mental Hospital.

Dr D. K. Henderson resigned his appointment here on being appointed chief of the Psychiatric Clinic (Phipps Institute) of Johns Hopkins Hospital, Baltimore, and his place has been taken by Dr Maxwell Ross, who had just served a term as Resident Physician in that Hospital; and in the Royal Edinburgh Infirmary. There is no lack of excellent candidates for medical posts in this Institution, owing to its teaching connection with the University.

The Board granted special permission to Dr Dods Brown, the Senior Assistant Physician, to live outside the Institution on his marriage.

THE NURSING STAFF.

The Insurance Act.

The introduction of the Insurance Act, affecting as it does over 300 members of the staff, was the cause of much extra work, and it is hoped the initial difficulties have been overcome. So far as the medical treatment of the resident staff was concerned, the Act was as unnecessary for them as for nurses in hospitals. They have now to pay their weekly contribution under the Act, amounting in the total to a considerable sum, and if the Act has done nothing else, it has brought home to some the value of the benefits they were formerly receiving without payment. The whole staff, without a dissentient voice, has applied under section 14, clause 3, for permission to make their own arrangements, namely, for a continuation of the present method of treatment by the Medical Officers of the Institution, and sanction for this has been given.

One day of rest in seven.

A privilege which has been more appreciated than the Insurance Act is the extension of off-duty time granted to the day staff, by which they now enjoy leave at the rate of one day off in seven. The leave also is so arranged that every three weeks a day off and a half day off occur together, which enables the nurse or attendant to take a week-end at home or go a distance to visit friends. These favours were granted by the Board, not because of any complaint or request from the staff, but because it was realised that the hours of duty were long, and because this amount of leave was that recommended by the most esteemed authorities who gave evidence before the Select Committee on the Asylums Officers (Employment, Pensions, and Superannuation) Bill. This Bill, which does not refer directly to Royal Asylums, has not become an Act of Parliament.

Mental nursing.

A great deal has been done for the nursing staff of our Mental Hospitals during the last fifteen years, and the conditions of service for them are now as good, if not better, than those for nurses in General Hospitals. The system of training, too, is far better organised, for there is practically a uniform state examination conducted by the Medico-Psychological Association for a Certificate of Proficiency in Mental Nursing, and that body also keeps what in practice amounts to a State Register of Trained Mental Nurses.





SOUTH CRAIG VILLA—LIBRARY

One of the features of the Scotch Asylums is their hospital character, and this has been largely developed by the appointment of Matrons and Assistant Matrons, who have received a training in general nursing before they took up mental nursing. Through the agency of these doubly qualified officials, the old-fashioned asylum system has been replaced by modern methods of nursing and care, in keeping with the advance of medical science and treatment. It was the experience of three of the Royal Asylums last year, including ours, each to lose an Assistant Matron, these having been chosen by the Asylums' Committee of the London County Council for similar but more lucrative posts in their own asylums. The selection of these important officials was a great compliment paid to the Scotch system by a body having a large staff of their own, and it was gratifying to me personally, as the Matrons they have lately appointed were also trained by me.

The hospital features of the Scotch asylums.

PENSION ANOMALIES IN SCOTLAND.

I attach great importance to promotion as an incentive to good work, and as an attraction to a good class of candidate to fill vacant posts, and it is very unfortunate on this account that the Royal Asylums of Scotland are excluded from the Superannuation Act which applies to all the District Asylums. If an official passes from the service of a Royal Asylum to that of a District Asylum, or *vice versa*, or from one Royal Asylum to another, he loses all rights to any pension he may have acquired in either situation, but not if he passes from one District Asylum to another District Asylum, whether in England, Scotland, or Ireland. Scotland is too small a country for separate services of this kind, and it is a hardship that on promotion to or from Royal Asylums deserving officials should be penalised as regards their pensions. The evil arising from this anomaly will increase in course of time, but it has already done injury to the care of the insane, for officials who, by their capacity, were fitted for higher posts of greater usefulness in other asylums, have refused promotion, on account of this loss of pension which follows transference from a Royal to a District Asylum, or *vice versa*. To those Royal Asylums, including our own, which are in the habit of giving pensions, inclusion in the Superannuation Act would make practically no financial differ-

Promotion the best reward for good work and ability.

Separate pension services an anachronism and an evil.

The cautious
Scot wants to
be sure of his
pension.

ence. The Act would also confer this double advantage on the staff of Royal Asylums—their pensions would in future be definitely assured to them, and they would know the exact amount they were entitled to, while at present the granting of a pension is optional, and there is no fixed scale. Those who know the cautious habits of the best class of Scotch servant we have, will realise what these two certainties would mean to them. Parliament has given the staffs of District Asylums these privileges, and there is no reason why they should be withheld from Royal Asylums, certainly at least from those which provide treatment for parochial patients, and take the place of District Asylums in the areas in which they are situated.

PERSONAL.

It is with regret that I record the deaths, within a month of one another, of Mr George Gregory and of Mr Thomas Lindores, the former Head Attendants respectively of Craig House and the West House. They both entered the service of the Institution together, and they both retired on full pension a few years ago, after having served the Institution most faithfully, each for over forty years. They were reliable men, of fine character, who earned the confidence and the respect of the three physicians under whom they served, Dr Skae, Sir Thomas Clouston, and myself.

The Insurance Act, and the new method of keeping the accounts, have given Mr M'Intosh, the House Steward, and his department, much extra work. All his important duties are done most accurately, and he relieves me of much anxiety. To the Matrons, Assistant Matrons, and other officers, and to the nursing staff in general, my best thanks are due for maintaining a most efficient and progressive service.

I have, in conclusion, again to express to the Managers the feelings of pleasure I have in working under their direction, and my gratitude to them for the kindness and consideration they have so invariably shown to me. These have lessened the anxieties which are connected with the responsible duties of the post which I hold. I have likewise to thank my colleague, Mr R. Scott Moncrieff, for his willing assistance at all times.

GEORGE M. ROBERTSON.

TIPPERLINN HOUSE,
MORNINGSIDE PLACE, EDINBURGH,
Monday, 24th February 1913.



STATISTICAL TABLES

OF THE

MEDICO-PSYCHOLOGICAL ASSOCIATION,

PREPARED BY THE

ASSISTANT PHYSICIANS.

TABLE I.—Showing the Admissions, Re-Admissions, Discharges, and Deaths during the Year ending 31st December 1912.

	M.	F.	T.	M.	F.	T.
In the Asylum, January 1, 1912 ...	352	391	743			
Absent on Probation, January 1, 1912	5	5	10			
Total ... ..	...	...	...	357	396	753
Cases Admitted—						
First Admissions	89	97	186			
Not First Admissions	18	18	36			
Total Cases Admitted during the year	...	...	...	107	115	222
Cases Discharged—						
„ Recovered	25	33	58			
„ Relieved	21	29	50			
„ Not Improved	14	7	21			
Died	31	31	62			
Total Cases Discharged and Died during the Year ... ..	...	...	...	91	100	191
Absent on Probation, Dec. 31, 1912	4	10	14			
Remaining in the Asylum, Dec. 31, 1912	369	401	770			
Total ... ..	...	...	...	373	411	784
Average number Resident during the year 1912 ... ..	...	...	...	356·7	399·3	756·0
Persons* under care during the year	...	...	...	454	503	957
Persons Admitted „ „ ...	...	...	...	99	111	210
Persons Recovered „ „ ...	...	...	...	24	31	55
Transferred to this Asylum „ „ ...	...	...	...	2	5	7
„ from „ „ „ „ ...	...	...	...	7	8	15
Private Patients at close of 1912—						
Craig House	106	121	227			
West House—Intermediate†... ..	79	89	168			
„ Lowest Board	33	50	83			
				218	260	478
Number of Parochial Patients chargeable to Districts at close of 1912†—						
Edinburgh	52	51	103			
Leith	86	77	163			
Orkney	18	28	46			
Parishes beyond District at close of 1912	2	3	5	158	159	317
Total ... ..	...	...	...	376	419	795

* Persons, *i.e.*, separate persons in contradistinction to “cases” which may include the same individual more than once.

†NOTE.—Those whose Board is so supplemented by the Charity or Bevan Funds, or from private sources, as to equal £45, are reckoned here as Intermediate. These include three male and eight female parochial patients, whose boards are supplemented by the charity funds or private sources.

TABLE 1A.

Showing the Number of Previous Attacks among Persons admitted during the Year 1912, distinguishing those Attacks that have been treated to Recovery in this and other Asylums or elsewhere.

Number of Previous Attacks.	Persons.			Attacks.					
				Recovered from in this Asylum.			Recovered from in other Asylums or elsewhere.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Have had 1 previous Attack	12	20	32	8	12	20	4	8	12
„ 2 „ Attacks	2	8	10	3	10	13	1	6	7
„ 3 „ „	0	2	2	0	4	4	0	2	2
„ 4 „ „	1	1	2	2	4	6	2	0	2
Total ...	15	31	46	13	30	43	7	16	23

TABLE II.

Showing the Admissions, Re-Admissions, Discharges, and Deaths for the Forty Years from 31st December 1872 to 31st December 1912.

	M.	F.	T.	M.	F.	T.
Persons admitted during the period of						
Forty years... ..	5439	5724	11,163			
Re-admissions	1391	1682	3073			
Total Cases admitted				6830	7406	14,236
Discharged Cases—						
Recovered	2381	2858				
Relieved	1792	2022				
Not Improved	689	601				
Died	1600	1521				
*Total Cases Discharged and Died since 31st December 1872				6462	7002	13,464
Remaining 31st December 1912				368	404	772
Transferred to this Asylum				311	281	592
„ from „				1130	1204	2334

* These figures refer only to cases admitted since 31st December 1872.

TABLE III.—Showing the Admissions, Discharges, and Deaths, with the Mean Annual Mortality, Proportion of Recoveries per cent. on the Admissions for each Year since the Opening of the Asylum.

YEARS.	Admitted			Discharged.						Died.			Remaining December 31.			Per Centage of Recoveries on Admissions.			Per Centage of Deaths on Total Nos. under Treatment.		
				Recovered.			Not Recovered.														
	M.	F.	T.	M.	F.	T.	M.	F.	T.				M.	F.	T.	M.	F.	T.			
From Oct. 17, 1813, to Dec. 31, 1831,	..	..	265	..	..	102	..	..	118	..	..	9	..	..	36	..	..	38.4	..	..	1
From January 1, 1832, to December 31, 1836,	49	31	80	16	13	29	16	7	23	11	7	18	25	21	46	32.6	41.9	36.2	34.1	24.6	29.6
1837,	7	6	13	2	2	4	3	4	7	4	1	5	23	20	43	28.5	33.3	30.7	12.5	3.7	8.4
1838,	12	11	23	6	7	13	2	4	6	2	2	4	25	18	43	50	63.6	56.5	5.7	6.4	6
1839,	4	5	9	2	2	4	4	2	6	2	1	3	21	18	39	50	40	44.4	6.8	4.3	5.7
1840,	4	8	12	2	1	3	1	2	3	3	3	6	19	20	39	50	12.5	25	12	11.5	11.7
1841,	28	13	41	5	11	16	1	3	4	1	0	1	40	19	59	17.8	84.6	39	2.1	0	1.2
1842,	73	81	154	19	13	32	3	7	10	6	3	9	85	77	162	26	16	20.7	5.3	3	4.2
1843,	104	108	212	26	24	50	8	12	20	10	10	20	146	138	284	25	22.2	23.5	5.2	5.4	5.3
1844,	83	79	162	38	52	90	21	12	33	11	9	20	159	144	303	45.7	65.8	55.5	4.7	4.1	4.4
1845,	123	130	253	36	45	81	18	14	32	20	18	38	208	197	405	29.2	34.6	32	7	6.5	6.8
1846,	107	90	197	62	39	101	17	22	39	25	19	44	211	207	418	57.9	43.3	51.2	7.9	6.6	7.3
1847,	134	117	251	51	47	98	23	14	37	36	32	68	235	231	466	38	40.1	39	10.4	9.8	10.1
1848,	126	120	246	68	61	129	20	22	42	44	24	68	228	245	473	53.9	50.8	52.4	12.1	6.8	9.5
1849,	109	156	265	42	77	119	29	35	64	42	37	79	224	252	476	38.5	49.3	44.8	12.4	9.2	10.7
1850,	126	127	253	47	65	112	31	24	55	26	38	64	246	252	498	37.3	51.1	44.2	7.4	10	8.7
1851,	132	116	248	52	67	119	35	26	61	31	19	50	260	256	516	39.3	55	47.9	8.2	5.1	6.7
1852,	129	118	247	58	43	101	26	29	55	30	34	64	275	268	543	44.9	36.4	40.8	7.7	9	8.3
1853,	103	133	236	58	50	108	21	28	49	36	41	77	263	282	545	56.3	37.5	45.7	9.5	10.2	9.8
1854,	98	114	212	28	66	94	47	26	73	24	27	51	262	277	539	28.5	57.8	44.3	6.6	6.8	6.7
1855,	109	114	223	46	49	95	44	42	86	24	38	62	257	262	519	42.2	42.9	42.6	6.4	9.7	8.1
1856,	117	141	258	42	66	108	29	47	76	20	23	43	283	267	550	35.8	46.8	41.8	5.3	5.7	5.5
1857,	178	130	308	49	61	110	32	21	53	33	23	56	347	292	639	27.5	46.9	35.7	7.1	5.7	6.5
1858,	118	117	235	47	44	91	29	38	67	48	26	74	342	300	642	23.7	37.6	38.7	10.3	6.3	8.4
1859,	118	98	216	28	40	68	34	23	57	43	17	60	355	318	673	23.7	40.8	31.4	9.3	4.2	6.9
1860,	108	150	258	36	62	98	45	50	95	45	25	70	337	331	668	33.3	41.3	37.9	9.7	5.3	7.5
1861,	120	121	241	39	40	79	37	49	86	37	28	65	344	335	679	32.5	33	32.7	8	6.1	7.1
1862,	125	121	246	27	43	70	43	51	94	42	32	74	357	330	687	21.6	35.5	28.4	8.9	7	8
1863,	104	116	220	26	51	77	44	46	90	44	24	68	347	325	672	25	43.9	35	9.5	5.3	7.4
Totals and Averages from 1832 to 1864,	2648	2671	5319	958	1141	2099	663	660	1323	700	561	1261	..	..	..	36.1	42.7	39.4	7.8	6.1	7

TABLE III. (Continued).—The Admissions, Discharges, and Deaths, with the Mean Annual Mortality and Proportion of Recoveries per cent. on the Admissions for each Year during the Forty-nine Years, 1864-1912.

YEARS	Admitted.			Discharged.						Died.			Remaining Dec. 31.			Average Numbers Resident.			Percentage of Recoveries on Admissions.			Percentage of Deaths on Average Nos. Resident.			Percentage of Deaths on Total Nos. under Treatment.					
				Recovered.			Relieved.			Not Improved.																				
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
1864-1872*	1163	1284	2447	409	532	941	148	170	318	213	230	443	371	266	637	349.4	362.1	711.5	346.3	359.6	705.9	35.4	41.6	38.6	11.8	8.1	10.0	8.6	5.9	7.2
1873	107	153	260	61	84	145	22	30	52	18	13	31	40	25	65	335	404	739	347	400	747	57	54.9	55.7	11.5	6.2	8.7	8.5	4.5	6.4
1874	151	157	308	64	85	149	29	55	84	25	18	43	27	30	57	340	374	714	348.6	389.6	738.2	42.3	54.1	48.3	7.7	7.7	7.7	5.5	5.3	5.4
1875	148	162	310	68	85	153	37	37	74	10	8	18	36	29	65	335	374	709	338.6	384.3	722.9	45.9	52.4	49.3	10.6	7.5	9	7.3	5.4	6.3
1876	180	180	360	82	78	160	46	29	75	18	7	25	39	43	82	333	393	726	352.3	388	740.3	45.5	43.3	44.4	11	11	11.1	7.5	7.7	7.6
1877	174	168	342	85	85	170	34	54	88	11	9	20	28	35	63	349	384	733	341.26	395.56	736.82	48.8	50.5	49.7	8.2	8.8	8.5	5.5	6.1	5.8
1878	205	160	365	82	71	153	33	32	65	16	8	24	32	31	63	389	401	790	383.2	393	776.2	40	44.3	41.9	8.3	7.8	8.1	5.7	5.6	5.7
1879	173	172	345	73	100	173	27	20	47	13	19	32	34	27	61	414	407	821	405.3	407.3	812.7	42.1	58.1	50.1	8.3	6.6	7.5	6	4.6	5.3
1880	160	187	347	71	94	165	47	35	82	14	12	26	26	46	72	416	405	821	423.2	416.6	839.8	44.3	50.2	47.5	6.1	11.0	8.5	4.4	7.7	6.1
1881	162	177	339	77	86	163	32	62	94	9	7	16	40	27	67	421	401	822	420.8	411.8	832.7	47.5	48.5	48	9.5	6.5	8	6.8	4.6	5.7
1882	143	186	329	52	72	124	51	76	127	12	19	31	47	36	83	404	381	785	414.6	391.2	805.8	36.3	38.7	37.6	11.3	9.2	10.3	8.2	6.1	7.1
1883	164	189	353	62	71	133	27	58	85	11	2	13	36	40	76	425	402	827	423.4	402.9	826.3	37.8	37.5	37.6	8.5	9.9	9.2	6.3	6.9	6.6
1884	161	181	342	79	53	132	36	77	113	27	9	36	33	32	65	416	409	825	430.9	411.0	841.9	49.0	29.2	38.5	7.6	7.7	7.7	5.5	5.4	5.5
1885	139	165	304	41	58	99	65	87	152	12	7	19	42	35	77	394	393	787	414.6	393.1	807.8	29.4	35.1	32.5	10.1	8.9	9.5	7.5	6.0	6.7
1886	170	164	334	62	67	129	56	54	110	17	14	31	36	26	62	395	394	789	400.2	395.5	795.8	36.4	42.1	38.6	8.9	6.5	7.7	6.3	4.6	5.5
1887	185	180	365	74	58	132	45	79	124	15	11	26	47	23	70	393	399	792	404.8	397.8	802.7	40	32.2	36.1	11.6	5.7	8.7	8.0	4.0	6.0
1888	172	176	348	53	60	113	54	55	109	15	12	27	36	43	79	410	408	818	410.1	406.2	816.3	30.8	34.1	32.5	8.8	10.6	9.7	6.3	7.4	6.8
1889	172	151	323	55	43	98	61	54	115	24	11	35	31	46	77	410	407	817	415.1	409.2	824.3	32	28.5	30.3	7.5	11.2	9.3	5.3	8.2	6.7
1890	155	177	332	51	75	126	43	40	83	12	5	17	64	45	109	399	417	816	400.9	418.8	819.7	32.9	42.4	37.9	16	10.7	13.3	11.2	7.7	9.4
1891	191	179	370	73	60	133	40	57	97	18	10	28	48	66	114	411	404	815	416	413.6	829.6	38.2	33.5	35.9	11.5	16	13.8	8.1	11	9.6
1892	214	219	433	82	81	163	54	57	111	23	9	32	51	41	92	414	430	847	409.2	423.6	833	38.3	37	37.6	12.4	9.7	11	8.1	6.6	7.3
1893	215	211	426	73	116	189	45	61	106	19	13	32	65	45	110	430	413	843	425.4	423.4	848.8	34	55	44.4	15.2	10.6	13.0	10.3	7	8.6
1894	209	245	454	76	95	171	53	80	133	14	12	26	47	38	85	449	433	882	438.2	423.2	861.4	36.4	38.8	37.7	10.7	9	9.9	7.3	5.8	6.6
1895	188	222	410	85	85	170	62	60	122	10	10	20	54	42	96	426	458	884	438.4	443.5	881.9	45.2	38.3	41.5	12.3	9.4	10.9	8.6	6.5	7.5
1896	245	225	470	82	87	169	52	55	107	16	10	26	70	45	115	451	486	937	441.7	459.1	900.8	33.5	38.7	36.0	15.8	9.8	12.7	10.4	6.6	8.5
1897	203	208	411	61	95	156	83	85	168	11	11	22	53	50	103	446	453	899	437.9	448.6	886.5	30.0	45.7	38.0	12.1	11.1	11.6	8.1	7.2	7.6
1898	201	250	451	72	91	163	42	52	94	21	24	45	50	53	103	462	483	945	447.1	463.2	910.3	35.8	36.4	36.1	11.2	11.4	11.3	7.7	7.5	7.6
1899	212	216	428	76	96	172	41	43	84	44	56	100	55	50	105	458	454	912	462.5	445.1	907.6	35.9	44.4	40.1	11.9	11.2	11.5	8.1	7.2	7.7
1900	248	224	472	74	91	165	49	42	91	43	16	59	48	51	99	492	478	970	482.0	458.5	940.5	29.8	40.6	35.0	10.0	11.1	10.5	6.8	7.1	7.0
1901	215	226	441	48	87	135	96	50	146	20	25	45	63	60	123	480	482	962	470	470.3	940.3	22.3	38.5	30.6	13.4	12.7	13.0	8.9	8.5	8.7
1902	189	234	423	61	73	134	56	60	116	13	34	47	73	65	138	466	484	950	470.6	475.8	946.4	32.3	31.2	31.7	15.5	13.7	14.6	11.0	9.2	10.0
1903	196	215	411	67	80	147	67	73	140	11	15	26	64	55	119	453	476	929	457.9	459.3	917.2	34.2	37.2	35.8	13.9	11.9	13.0	9.7	8.0	8.8
1904	195	262	457	65	85	150	78	99	177	65	42	107	55	68	123	385	444	829	429.2	443.2	872.4	33.3	32.4	32.8	12.8	15.3	14.1	8.5	9.4	9.0
Totals and Averages,	7005	7505	14510	2529	2999	5528	1644	1905	3549	809	693	1502	1777	1559	3336	399.1	409.8	808.9	400.7	407.5	808.2	37.4	41.4	39.4	11.1	9.6	10.2	7.8	6.4	7.1

* For particulars see Report for 1898.

TABLE III. (Continued).—The Admissions, Discharges, and Deaths, with the Mean Annual Mortality and Proportion of Recoveries per cent. on the Admissions for each Year during the Forty-nine Years, 1864-1912.

YEARS.	Admitted			Discharged.									Died.			Remaining Dec. 31.			Average Numbers Resident.			Percentage of Recoveries on Admissions.			Percentage of Deaths on Average Nos. Resident.			Percentage of Deaths on Total Nos. under Treatment.		
				Recovered.			Relieved.			Not Improved.																				
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
	1905	200	228	428	53	84	137	68	38	106	6	8	14	419	465	884	412.5	457.7	870.2	26.5	36.9	32.0	9.4	16.8	13.3	6.7	11.4	9.2		
1906	169	216	385	33	55	88	108	48	156	32	16	48	360	477	837	401.1	462.0	863.1	19.5	25.5	23.0	13.7	18.4	16.2	9.5	12.5	11.1			
1907	154	163	317	35	50	85	43	97	140	28	75	103	368	375	743	355.2	376.5	731.7	22.7	30.7	26.8	11.3	11.4	11.3	7.8	6.7	7.2			
1908	106	133	239	38	37	75	32	31	63	19	9	28	356	396	752	356.8	377.0	733.8	35.8	27.8	31.3	8.1	9.3	8.7	6.1	6.9	6.5			
1909	97	112	209	24	43	67	17	37	54	12	14	26	356	396	752	352.5	383.8	736.3	24.7	38.4	32.1	10.2	6.8	8.4	7.9	5.1	6.5			
1910	79	116	195	26	44	70	12	29	41	8	10	18	369	389	758	367.3	384.5	751.8	32.9	38.0	35.9	7.6	8.3	8.0	6.3	6.3	6.3			
1911	76	103	179	23	30	53	28	26	54	3	10	13	357	396	753	357.8	390.2	748.0	30.3	29.1	29.6	9.5	7.7	8.6	7.8	6.1	6.9			
1912	107	115	222	25	33	58	21	29	50	14	7	21	373	411	784	356.7	399.3	756.0	23.4	28.7	26.1	8.7	7.7	8.2	6.7	6.0	6.4			
Totals and Averages,	7993	8691	16684	2786	3376	6161	1973	2240	4213	931	842	1773	394.2	410.2	805.6	393.9	409.2	803.1	34.7	38.6	36.9	10.9	9.7	10.1	7.9	6.5	7.1			

YEARS.	Admitted.			Of each Year's Admissions Discharged and Died in 1912.												Total Discharged and Died of each Year's Admissions to 31st December 1912.												Remaining of each Year's Admissions. 31st Dec.1912.						
	New Cases.			Relapsed Cases.			Recovered.			Relieved.			Not Improved.			Died.			Recovered.			Relieved.			Not Improved.						Died.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.				M.	F.	T.	
1903	167	141	308	29	74	103	0	0	0	1	1	2	0	0	0	1	0	1	66	86	152	62	58	120	22	21	43	44	40	84	2	10	12	
1904	144	186	330	51	76	127	0	0	0	0	0	0	0	0	0	2	0	2	53	93	146	56	67	123	29	21	50	48	64	112	9	17	26	
1905	136	162	300	64	66	130	0	0	0	1	1	2	0	0	0	0	0	0	58	63	121	88	62	150	14	22	36	27	71	98	13	10	23	
1906	115	154	269	54	62	116	1	0	1	0	0	0	1	0	0	1	1	2	26	51	77	62	52	114	21	26	47	44	64	108	16	23	39	
1907	116	118	234	38	45	83	0	0	0	0	0	0	0	0	0	1	2	47	48	95	33	31	64	20	20	40	31	30	61	23	34	57		
1908	72	90	162	34	43	77	1	1	1	0	2	2	0	0	0	1	1	32	41	73	11	25	36	11	13	24	27	29	56	25	25	50		
1909	61	74	135	36	38	74	0	1	1	3	1	4	1	0	1	1	1	23	31	54	18	25	43	9	7	16	22	16	38	25	33	58		
1910	58	61	119	21	55	76	1	2	3	3	2	5	1	2	3	4	2	20	30	50	17	24	41	8	9	17	21	16	37	13	37	50		
1911	48	52	100	28	51	79	7	10	17	4	4	8	3	2	5	7	4	19	21	40	14	14	28	6	6	12	12	14	26	25	48	73		
1912	72	83	155	35	32	67	15	19	34	9	16	25	8	2	10	7	13	15	19	34	9	16	25	8	2	10	7	13	20	68	65	133		
Totals†	5613	5776	11389	2380	2915	5295	25	33	58	21	29	50	14	7	21	30	31	2819	3397	6216	1990	2252	4212	862	795	1657	1950	1837	3787	372	410	782		
Totals ‡	31	31	1951	1837	3788	373	411	784

Summary of the Total Admissions 1864-1912.						M.			F.			T.		
Percentage of Cases Recovered						35.3	..	..	39.1	..	..	37.3	..	..
" Relieved ..						24.9	..	..	25.9	..	..	25.4	..	..
" Not Improved ..						10.8	..	..	9.0	..	..	9.9	..	..
" Died ..						24.4	..	..	21.1	..	..	22.7	..	..
" Remaining ..						4.6	..	..	4.9	..	..	4.7	..	..

* For particulars see Report for 1894.

† Numbers for Forty-nine Years.

‡ Since Opening of Asylum.

TABLE V.—*Showing the Causes of Death during t.*

CAUSE OF DEATH.										15 and under 20.			20 and under 25.			25 and under 30.			30 u
										M	F	T	M	F	T	M	F	T	M
DISEASES OF CEREBRAL AND NERVOUS SYSTEM.																			
1	General Paralysis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
2	Cerebral Hæmorrhage	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3	Organic Brain Disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
4	Exhaustion from Melancholia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..
5	Epilepsy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF RESPIRATORY SYSTEM.																			
6	Pulmonary Phthisis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..
7	Lobar Pneumonia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8	Pulmonary Abcess	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASE OF CIRCULATORY SYSTEM—																			
9	Cardiac Disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10	Venous Thrombosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF THE URINARY SYSTEM.																			
11	Nephritis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12	Tubercular Disease of Kidney	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
GENERAL DISEASES.																			
13	Senile Decay	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14	Carcinoma of the Stomach	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15	Pyæmia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL										..	..	..	..	..	..	2	2	..	..

Post-mortem done in 31 cases (51·6 per cent.), namely, 16 Females and 15 Males.
" " 9 cases of General Paralysis (or 56·25 per cent.).

TABLE VI.—*Showing the Length of Residence in those Discharged Recovered, and in those who have Died, during the Year 1912.*

LENGTH OF RESIDENCE.	Recovered.			Died.		
	M.	F.	T.	M.	F.	T.
Under 1 Month ...	1	0	1	1	4	5
From 1 to 3 Months...	9	10	19	4	7	11
„ 3 to 6 „ ...	8	9	17	3	2	5
„ 6 to 9 „ ...	2	6	8	1	2	3
„ 9 to 12 „ ...	1	1	2	1	0	1
„ 1 to 2 Years ...	2	4	6	6	4	10
„ 2 to 3 „ ...	1	1	2	3	0	3
„ 3 to 5 „ ...	1	1	2	2	5	7
„ 5 to 7 „ ...	0	0	0	0	1	1
„ 7 to 9 „ ...	0	0	0	3	0	3
„ 11 to 13 „ ...	0	0	0	1	1	2
„ 13 to 15 „ ...	0	1	1	0	0	0
„ 17 to 19 „ ...	0	0	0	1	0	1
„ 19 to 21 „ ...	0	0	0	0	1	1
„ 23 to 25 „ ...	0	0	0	0	2	2
„ 25 to 27 „ ...	0	0	0	2	0	2
„ 33 to 35 „ ...	0	0	0	1	0	1
„ 35 to 37 „ ...	0	0	0	0	1	1
„ 37 to 39 „ ...	0	0	0	1	0	1
„ 43 to 45 „ ...	0	0	0	0	1	1
„ 51 to 53 „ ...	0	0	0	1	0	1
Total ...	25	33	58	31	31	62

TABLE VII.

Showing the Duration of the Disorder on Admission in the Admissions, Discharges, and Deaths during the Year 1912.

CLASS.	THE ADMISSIONS.			THE DISCHARGES.						THE DEATHS.		
				Recovered.			Removed Relieved or otherwise.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
FIRST CLASS. First Attack, and within Three Months on Admission	26	46	72	10	13	23	4	9	13	8	9	17
SECOND CLASS. First Attack, above Three, and within Twelve Months on Admission	21	16	37	0	3	3	3	4	7	10	5	15
THIRD CLASS. Not First Attack, and within Twelve Months on Admission	22	14	36	13	11	24	14	5	19	2	5	7
FOURTH CLASS. First Attack or not, but of more than Twelve Months on Admission	32	34	66	2	6	8	12	18	30	11	12	23
FIFTH CLASS. Congenital	6	5	11	0	0	0	2	0	2	0	0	0
TOTAL	107	115	222	25	33	58	35	36	71	31	31	62

TABLE VIII.—Showing in Quinquennial Periods the Ages of those Admitted, Recovered, and Died during the Year 1912.

AGES.	THE ADMISSIONS.			RECOVERED.			THE DEATHS.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
From 5 to 10 Years	0	0	0	0	0	0	0	0	0
" 10 to 15	1	0	1	0	0	0	0	0	0
" 15 to 20	2	1	3	1	1	2	0	0	0
" 20 to 25	5	8	13	3	1	4	0	0	0
" 25 to 30	8	11	19	0	3	3	0	2	2
" 30 to 35	15	11	26	3	3	6	4	0	4
" 35 to 40	20	12	32	4	4	8	5	1	6
" 40 to 45	10	12	22	0	4	4	3	4	7
" 45 to 50	5	12	17	4	1	5	3	3	6
" 50 to 55	10	11	21	1	10	11	2	2	4
" 55 to 60	9	11	20	3	2	5	2	5	7
" 60 to 65	11	9	20	3	2	5	4	1	5
" 65 to 70	6	4	10	2	1	3	1	4	5
" 70 to 75	2	7	9	1	0	1	2	1	3
" 75 to 80	3	5	8	0	0	0	1	5	6
" 80 to 85	0	1	1	0	1	1	2	1	3
" 85 to 90	0	0	0	0	0	0	1	1	2
" 90 to 95	0	0	0	0	0	0	1	1	2
" 95 to 100	0	0	0	0	0	0	0	0	0
Total ...	107	115	222	25	33	58	31	31	62
Mean Age ...	44.0	46.5	45.3	45.0	45.0	45.0	54.0	59.0	56.4

TABLE IX.

Showing the Condition as to Marriage, on Admission, in the Admissions, Recoveries, and Deaths, during the Year 1912, and of Patients Resident, December 31, 1912.

Condition in Reference to Marriage.	The Admissions.			The Discharges.			The Deaths.			Patients Resident Dec. 31, 1912.		
				Recovered.								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	52	57	109	11	13	24	12	12	24	272	254	526
Married	46	40	86	11	17	28	17	9	26	86	116	202
Widowed	9	17	26	3	3	6	2	10	12	15	40	55
Unknown	0	1	1	0	0	0	0	0	0	0	1	1
Total	107	115	222	25	33	58	31	31	62	373	411	784

TABLE X.—*Showing the Probable Causes of Insanity in the Patients Admitted during the Year 1912.*

CAUSES OF INSANITY.	NUMBER OF INSTANCES IN WHICH EACH CAUSE WAS ASSIGNED.								
	Number of Cases—								
	Admissions—Males, 107; Females, 115; Total, 222.								
	As predisposing cause.*			As exciting cause.			Total.†		
	M	F	T	M	F	T	M	F	T
MENTAL and MORAL:—									
Mental anxiety and worry ...	0	0	0	7	7	14	7	7	14
Mental shock ...	0	0	0	0	1	1	0	1	1
Overwork ...	0	1	1	4	3	7	4	4	8
PHYSICAL:—									
Syphilis ...	26	1	27	0	0	0	26	1	27
Epilepsy ...	1	0	1	2	1	3	3	1	4
Gross Brain Disease ...	0	0	0	1	3	4	1	3	4
Traumatism ...	1	0	1	0	0	0	1	0	1
Physical Exhaustion ...	0	0	0	3	15	18	3	15	18
Intemperance in Drink ...	3	0	3	15	10	25	18	10	28
Pregnancy ...	0	0	0	0	1	1	0	1	1
Childbirth ...	0	0	0	0	4	4	0	4	4
Puberty and Adolescence ...	2	0	2	6	10	16	8	10	18
Climacteric ...	0	1	1	1	2	3	1	3	4
Senility ...	2	2	4	8	16	24	10	18	28
Influenza ...	1	0	1	0	2	2	1	2	3
Rheumatic Fever ...	0	1	1	0	1	1	0	2	2
Typhoid Fever ...	0	0	0	0	1	1	0	1	1
Cerebral Hæmorrhage ...	0	0	0	2	0	2	2	0	2
Phthisis ...	0	0	0	0	1	1	0	1	1
Cardiac Disease ...	1	0	1	0	1	1	1	1	2
Cancer ...	0	0	0	0	1	1	0	1	1
Arterio-Sclerosis ...	2	0	2	0	0	0	2	0	2
Cerebral Embolism ...	0	0	0	0	1	1	0	1	1
Neurasthenia ...	0	0	0	1	0	1	1	0	1
Malaria ...	0	0	0	1	0	1	1	0	1
Anaemia ...	0	0	0	2	0	2	2	0	2
Excessive use of Bromide ...	0	0	0	1	0	1	1	0	1
Spiritualism ...	0	0	0	0	1	1	0	1	1
Hereditary influences	10	18	28	0	0	0	10	18	28
Congenital ...	1	5	6	0	0	0	1	5	6
Previous attacks ...	34	30	64	0	0	0	34	30	64
Unknown ...	30	48	78	50	30	80	50	48	98

* With reference to the distinction between “predisposing” and “exciting” causes, it must be understood that no single cause is enumerated as both predisposing and exciting in the case of any individual patient.

† The figures in the Total column represent the entire number of instances in which the several causes (either alone or in combination with others) were stated to have produced the mental disorder. The excess of the aggregate of such causes over the number of patients admitted is owing to combinations of causes.

TABLE XI.—*Showing the form of Mental Disorder on Admission, in the Admissions, Recoveries and Deaths of the Year 1912.*

FORM OF MENTAL DISORDER,	Admissions.			Recoveries.			Deaths.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Melancholia—									
Simple	15	15	30	9	6	15	3	4	7
Delusional	4	20	24	1	1	2	3	4	7
Agitated	1	2	3	0	0	0	0	1	1
Mania—									
Simple	9	14	23	3	7	10	2	3	5
Delusional	3	3	6	0	3	3	3	5	8
Acute	0	0	0	0	0	0	1	0	1
Delirious Insanity—									
Mild (Slight Confusional States)	7	14	21	5	6	11	0	2	2
Sub-acute (Vivid Hallucinations and Confusion)	2	12	14	2	6	8	0	1	1
Acute	4	0	4	3	3	6	0	1	1
Systematised Delusional Insanity	8	8	16	2	0	2	0	0	0
Primary Mental Deterioration (Dementia Præcox)	7	7	14	0	0	0	0	0	0
General Paralysis of the Insane	23	1	24	0	0	0	14	2	16
Dementia	15	18	33	0	1	1	5	8	13
Congenital—Defect	2	1	3	0	0	0	0	0	0
Moral Insanity	6	0	6	0	0	0	0	0	0
Morphiomania	1	0	1	0	0	0	0	0	0
Total	107	115	222	25	33	58	31	31	62

TABLE XII.

*Showing the Station or Occupation of Patients admitted
during the Year 1912.*

MALES.				MALES—Continued.			
Architects ...	...	...	2	Brought Forward ...	...	...	84
Artists ...	...	...	2	Sailor ...	...	...	1
Barber ...	...	...	1	Schoolboys...	...	...	2
Blacksmith ...	...	...	1	Ship Stewards ...	...	...	2
Butchers ...	...	...	2	Stockbroker ...	...	...	1
Car Conductor ...	...	...	1	Surveyor ...	...	...	1
Carter ...	...	...	1	Tailor ...	...	...	1
Chancery Official ...	...	...	1	Teachers ...	...	...	2
Chemist ...	...	...	1	Tea Merchants ...	...	...	2
Clergymen...	...	...	5	Timber Merchant...	...	...	1
Clerks ....	...	...	11	Trawler ...	...	...	1
Colliery Owner ..	...	...	1	Warehouseman ...	...	...	1
Commercial Traveller ...	...	...	1	Watchmaker ...	...	...	1
Compositor ...	...	...	1	No Occupation ...	...	...	7
Crofters ...	...	...	2				
Dairyman ...	...	...	1	Total ...	...	...	107
Dentist ...	...	...	1				
Draper ...	...	...	1	FEMALES.			
Engincers ...	...	...	3				
Exciseman...	...	...	1	Charwoman ...	...	...	1
Footman ...	...	...	1	China Merchant ...	...	...	1
Glass Embosser ...	...	...	1	Cleaner ...	...	...	1
Gentlemen...	...	...	3	Clerkess ...	...	...	1
Hatter ...	...	...	1	Domestic Duties ...	...	...	7
Iron-moulder ...	...	...	1	Domestic Servants ...	...	...	15
Joiners ...	...	...	3	Dressmakers ...	...	...	7
Labourers ...	...	...	16	Factory Workers ...	...	...	2
Marine Firemen ...	...	...	3	Housekeepers ...	...	...	9
Medical Student ...	...	...	1	Housewives ...	...	...	47
Miner ...	...	...	1	Ladies ...	...	...	5
Pawnbrokers ...	...	...	3	Shop Assistant ...	...	...	1
Physicians ...	...	...	4	Shop Keepers ...	...	...	2
Policemen ...	...	...	2	Students ...	...	...	2
Porter ...	...	...	1	Teachers ...	...	...	4
Post office Official ...	...	...	1	No Occupation ...	...	...	10
Prison Governor ...	...	...	1				
Reformatory Warder ...	...	...	1	Total ...	...	...	115
Carry forward ...	...	...	84				

TABLE XIII.

State of Bodily Health and Condition of those Admitted.

	Males.	Females.	TOTAL.
In Average Health and Condition	33	18	51
In Indifferent Health and Reduced Condition	66	77	143
In Bad Health and very Exhausted Condition	8	20	28
TOTAL	107	115	222

TABLE XIV.

Admissions, Discharges, and Deaths of each Month.

		Admissions.			Discharges.			Deaths.		
		M.	F.	T.	M.	F.	T.	M.	F.	T.
January	...	5	6	11	3	3	6	1	1	2
February	...	8	13	21	7	2	9	2	3	5
March	...	12	11	23	6	8	14	5	4	9
April	...	4	7	11	6	3	9	3	4	7
May	...	13	11	24	3	2	5	5	0	5
June	...	4	9	13	4	8	12	2	6	8
July	...	8	12	20	5	6	11	2	3	5
August	...	12	4	16	7	3	10	1	1	2
September	...	7	13	20	7	7	14	2	0	2
October	...	8	11	19	3	9	12	2	3	5
November	...	18	9	27	5	6	11	3	3	6
December	...	8	9	17	4	12	16	3	3	6
TOTAL	...	107	115	222	60	69	129	31	31	62

TABLE XV.

Illustrations of Suicidal Tendency in those Admitted.

	Males.	Females.	TOTAL.
Have attempted Suicide	10	4	14
Have meditated Suicide	8	14	22
Total Suicidal	18	18	36
<i>Forms of Insanity in which Suicide was attempted—</i>			
Melancholia, Simple	3	1	4
„ Delusional	2	0	2
„ Acute	1	0	1
Delirious Insanity	2	2	4
Dementia Præcox	1	0	1
Systematised Delusional Insanity ..	1	1	2
General Paralysis	0	0	0
Mania, Simple	0	0	0
Total	10	4	14
<i>Forms of Insanity in which Suicide was meditated—</i>			
Melancholia, Simple	3	4	7
„ Delusional	1	5	6
Delirious Insanity	1	2	3
Dementia Præcox	1	1	2
Systematised Delusional Insanity ...	1	1	2
General Paralysis	1	0	1
Mania, Simple	0	1	1
Total	8	14	22
<i>Nature of attempts—</i>			
Precipitation	3	0	3
Poisoning	4	0	4
Strangulation	1	2	3
Cut-Throat	2	1	3
Burning	0	1	1
Running in front of Vehicles ...	1	1	2
Total	11	5	16

TABLE XVI.—*Persons Recovered in 1912.*

	Males.	Females	TOTAL.
A. Recovered for the first time ...	12	16	28
(a) Re-admitted, and again Discharged Recovered ...	1	0	1
(b) Re-admitted, but not again Discharged Recovered ...	1	1	2
B.* Had made one or more Recoveries in previous years ...	12	15	27
(a) Re-admitted, and again Discharged Recovered ...	0	2	2
(b) Re-admitted, but not again Discharged Recovered ...	0	1	1
Number of Persons Recovered...	24	31	55
Number of Cases of Recovery ...	25	33	58

* Of these Persons, 9 Males and 9 Females had made one Previous Recovery; 1 Male and 4 Females, two Previous Recoveries; 1 Male, and 2 Females, three Previous Recoveries; 1 Male, five Previous Recoveries.

REPORTS

OF THE

COMMISSIONERS IN LUNACY.

ROYAL EDINBURGH ASYLUM,

18th and 19th November 1912.

ON the 18th instant there were 786 patients on the Register of the Asylum, of whom 766 were certified, and 20 were voluntary inmates. With the exception of 15 patients who were absent on statutory probation, all the others were resident and were seen in the course of the visit. Of the patients on the Register 473 are private, and 313 are maintained by Parish Councils.

Since the 6th June of the present year, 103 patients have been admitted, 63 have been discharged, and 23 have died.

The deaths are registered as due to diseases of the heart and blood-vessels in 8 cases, to general paralysis in 7 cases, to phthisis, gross disease of the brain, and pneumonia in two

cases each, and to bronchitis and kidney disease in one case each.

There are 7 entries in the Register of Restraint and Seclusion, referring to the restraint of one patient on 7 occasions, because of uncontrollable epileptic excitement, attended by dangerous violence. Three patients escaped, and were each absent for at least one night before being brought back. The Register of Accidents contains only one entry, referring to the death of a maid-servant, who fell through one of the rooflights, the details of which are described in the preceding report.

The changes in the nursing staff are as follows :—12 men and 29 women entered the service ; 15 men and 22 women resigned of their own accord ; and 4 men and 3 women were asked to resign.

The condition of the patients both at Craig House and the West House was so satisfactory as to require no comment. The 216 resident patients at Craig House manifest every form and degree of mental disturbance, and very ample provision is made for the care, treatment, and recreation of the patients according to their varying needs. Of the 555 resident patients at the West House, the same comment may be made. The wards, dormitories, and corridors in this division have been much brightened by the use of light coloured enamel paints, and on the floors of many of the dormitories, and of some of the

corridors new linoleum has been laid. It is satisfactory to record that the managers have accepted a tender for the complete renovation of the kitchens in this department at a cost of about £2000. Both the private and pauper patients at the West House were seen partaking of dinner in the various dining-halls, and a favourable account can be given of the meals and of the manner in which the food was cooked.

It was observed during the visit that the medical treatment of the patients and the scientific investigation of disease occupies a large part of the duties of the medical staff. Including the Physician-Superintendent, the medical staff consists of 5 Physicians and of 5 clinical assistants, of whom one is fully qualified. The medical duties of this large staff are largely aided and seconded by the nursing staff, the heads of which have all been trained in general hospitals. The work of the doctors is also facilitated by the services of an expert Pathologist, and the advantages of a well-equipped pathological laboratory.

The institution by the University of Edinburgh of a Diploma in psychiatric medicine has necessitated the formation of a class in mental diseases of a higher and more technical nature than the ordinary class for the instruction of students. Dr Robertson has wisely taken advantage of this class in order to institute a meeting once a week of the students attending it with the whole medical staff of the Asylum, for the discussion of subjects connected with diagnosis and treatment, a plan which has resulted in the mutual benefit of all concerned in it.

These facts are mentioned in order to show that the best traditions of this Asylum, which have all along been based upon the medical treatment of insanity are being most ably and vigorously sustained at the present time.

The Books and Registers were examined, and are regularly and correctly kept.

JOHN MACPHERSON,

Commissioner in Lunacy.

ROYAL EDINBURGH ASYLUM,
6th, 7th, and 8th June 1912.

THE number of patients on the register is 750—of this number 441 are private patients, and 309 are chargeable to parish authorities. There are also 19 voluntary inmates, all of the private class.

Thirteen patients were absent on probation, 2 on pass, and one gentleman had escaped by breaking his parole; no anxiety is felt on this gentleman's behalf, or on account of dangerous tendencies towards others; 4 gentlemen and 4 ladies were enjoying the benefits afforded by the seaside residence at Cockenzie. With these exceptions the patients were seen individually.

Considering the large number of persons labouring under acute forms of mental affection, there was a general absence of marked excitement, and the few complaints that were made referred solely to the fact that the individuals concerned were of opinion that they were unduly detained. These complaints were the subject of careful investigation, and in no case was it considered necessary to suggest discharge.

The Institution was previously visited on 5th December 1911. Ninety-two patients have since been admitted, 17 have been discharged recovered, 25 have been discharged unrecovered, and 36 have died. These figures show that there has been an increase of 14 in the number of registered patients.

The patients discharged not recovered were in 13 instances handed over to the care of relatives, in 9 transference to other asylums took place, 1 was boarded out, and 2 were removed to the lunatic wards of a poorhouse.

Eleven patients (aged from 72 to 90 years) died from senile decay. Nine deaths were the result of heart disease, 8 died of general paralysis of the insane, 5 of tubercular affections, mainly involving the lungs, 1 of cerebral tumour, 1 of cerebral softening, 1 from organic brain disease, 1 from the exhaustion of acute melancholia, and 1 of pneumonia. The cause of death was verified in 23 instances by *post mortem* examination. These examinations are carefully recorded, and valuable information has been obtained. The work done in the clinical and pathological laboratory is of the highest importance, and in consequence the medical staff is enabled to carry out the most modern methods of treatment with the utmost knowledge and precision obtainable. The condition of each patient is carefully studied and recorded by the staff, and the high medical standard which has hitherto been attained in this Institution is fully maintained.

The nursing in the hospitals is of an advanced nature. Many of the bedridden patients were found enjoying the advantages of treatment in the open air and under the most favourable circumstances.

It is noteworthy that the treatment of so many patients has been carried out without the use of either restraint or seclusion.

Two patients have escaped, and were absent for at least one night before being brought back.

There have been three accidents of a serious nature. One lady sustained contusion of the kidneys, and crushing of the 1st lumbar vertebra by jumping from a window. She was under the influence of an auditory hallucination at the time, and was not suicidal. Fortunately she has made a good recovery. Another patient sustained a fracture of the right leg by falling when going downstairs. The third accident happened to a maid, who fell through a rooflight, and fractured the right humerus. The maid in question had been warned not to go on the rooflight, but neglected this warning.

The changes in the nursing staff have been more numerous than is desirable in the interests of the patients. The Managers have given their careful consideration to the questions of obviating the desire for change on the part of so many of the staff, and inducing greater permanency. To these ends they have lessened the number of working hours, and made many improvements in the conditions of service. The policy of the Managers in these directions is warmly approved of. The post of Assistant Physician has been made more attractive by permitting the Senior Assistant Physician to marry, and reside close to the Institution.

The many improvements effected in the West House have added considerably to the comfort and well-being of the patients and staff. It has been decided to reconstruct the kitchen on

the most modern lines. A large amount of repainting and refurnishing has been done in a tasteful manner, with the result that the several sitting-rooms and dormitories have been brightened and manifestly improved.

The comfort and welfare of the patients are the primary consideration of the management, and the arrangements for obtaining these were everywhere excellent, and in evidence.

One of the medical officers is completing a course of study with a view to obtaining the Diploma in Psychiatry.

The difficult and onerous duties of the management are carried out with great ability and efficiency.

The medical and statutory registers were examined and found to be carefully and accurately kept.

HAMILTON C. MARR,

Commissioner in Lunacy.



TREASURER'S ACCOUNTS OF INTROMISSIONS

For the Year ending 30th September 1912.

CHARGE.

I. Arrears of Board, etc., given up in last Account	.	.	.	£729	6	5
Less—Written off as irrecoverable	.	.	.	2	13	4
						<u>£726 13 1</u>
II. Patients' Boards, per Board-books—	<i>Males.</i>			<i>Females.</i>		
Quarter ending 31st Dec. 1911	£6,579	14	11	£6,309	19	8
Do. do. 31st March 1912	6,535	19	2	6,567	2	8
Do. do. 30th June „	6,584	3	9	6,597	11	5
Do. do. 30th Sept. „	6,755	13	3	6,545	14	5
	£26,455	11	1	£26,020	8	2
				26,455	11	1
						<u>£52,475 19 3</u>
Deduct—						
Repayments of Board for Patients who left the						
Asylum prior to 30th Sept. 1911				140	0	10
						<u>52,335 18 5</u>
III. Accounts due by Patients for Clothes and extraordinary furnish- ings of various kinds supplied through the Steward and Matrons at the expense of the Institution, and charged against the recipients—						
	<i>Males.</i>			<i>Females.</i>		
Quarter ending 31st Dec. 1911	£482	10	10	£520	11	1
Do. do. 31st March 1912	602	2	3	829	7	11
Do. do. 30th June „	349	8	1	398	18	1
Do. do. 30th Sept. „	545	15	2	551	14	2
	£1,979	16	4	£2,300	11	3
				1,979	16	4
						<u>4,280 7 7</u>
IV. Price of Pigs and Sundries disposed of—						
Received for Pigs sold				£950	14	7
Do. for Pigs' meat, old iron, &c., sold				172	18	6
						<u>1,123 13 1</u>
V. Rents of Grass Parks, &c.					60	15 0
VI. Claims under Fire Insurance Policies					97	9 9
VII. Seat Rents in St Cuthbert's Church					5	8 0
VIII. Clothing supplied by the Steward to Private and Pauper Patients leaving the Institution					5	8 10
IX. Balance of Account at 30th September 1912					1,144	19 5
Amount of the Charge						<u>£59,780 13 2</u>

DISCHARGE.

			Craig House.			West House.			TOTAL.		
			£	s.	d.	£	s.	d.	£	s.	d.
I.	Expense of Provisions	.	9,455	15	8	5,905	17	9	15,361	13	5
II.	Do.	Clothing, Bedding, Napery, &c.	582	13	0	1,212	6	1	1,794	19	1
III.	Do.	Fuel	1,265	14	8	883	13	9	2,149	8	5
IV.	Do.	Gas Lighting	216	7	7	449	1	9	665	9	4
V.	Do.	Water and Wash- ing material	594	18	6	352	3	5	947	1	11
VI.	Do.	Medicines, Surgical Instruments, Dis- infectants, &c.	365	7	8	205	18	2	571	5	10
VII.	Do.	Books and Stationery	349	0	0	245	9	5	594	9	5
VIII.	Do.	Tobacco and Snuff	...			113	0	4	113	0	4
IX.	Do.	Buildings, Furnish- ings, and Repairs	2,589	4	0	1,722	6	9	4,311	10	9
X.	Do.	Garden and Grounds	505	14	9	283	4	0	788	18	9
XI.	Public and Parochial Burdens		1,247	8	0	523	5	0	1,770	13	0
XII.	Interest on Loans paid		1,657	11	5	729	18	11	2,387	10	4
XIII.	Feu-duties and Stipend		748	0	1	477	0	4	1,225	0	5
XIV.	Insurance Premiums		82	9	5	50	5	1	132	14	6
XV.	Salaries and Wages		10,148	10	10	7,061	15	6	17,210	6	4
XVI.	Miscellaneous Payments		483	19	11	401	5	6	885	5	5
XVII.	Accounts paid on behalf of Pa- tients and charged against them		3,038	0	0	542	12	1	3,580	12	1
Ordinary Expenditure			33,330	15	6	21,159	3	10	54,489	19	4
XVIII.	Loans Repaid		.	.	.	.	.	.	2,500	0	0
	Arrears of Board, &c., at 30th September 1912		.	.	.	.	.	.	1,003	7	9
	Balance of Account at 30th September 1911		.	.	.	.	.	.	1,787	6	1
Amount of the Discharge equal to Charge			.	.	.	.	.	.	59,780	13	2

EDINBURGH, 24th February 1913. — I have examined the foregoing Account of Charge and Discharge of the Intromissions of the Treasurer of the Royal Edinburgh Asylum for the Insane, for the year to 30th September 1912, together with the Appendices relative thereto, and in connection with the Books of the House Steward and Matrons, and I now beg to report that I have found them to be correctly stated and sufficiently and satisfactorily vouched and instructed.

I have not, however, checked the apportionment of the items of Receipt and Expenditure between New Craig House and West House.

(Signed) JOHN M. HOWDEN, C.A.

ABSTRACT of ORDINARY and EXTRAORDINARY RECEIPTS and PAYMENTS
of NEW CRAIG HOUSE, OLD CRAIG HOUSE, SOUTH CRAIG, BEVAN
VILLA and MYRESIDE COTTAGE.—*For year to 30th September 1912.*

ORDINARY RECEIPTS.

1. Boards	£32,150 11 6
2. Extra Accounts	3,632 12 9
3. Produce and Sundries sold	689 17 5
4. Rents of Grass Parks	50 15 0
5. Claim under Fire Insurance Policies	61 12 0
6. Seat Rents in St Cuthbert's Church	3 6 4
	<hr/>
	£36,588 15 0

ORDINARY PAYMENTS.

1. Amount thereof, as stated in foregoing Discharge	£33,330 15 6
2. Value of labour performed by tradesmen, assisted by West House patients, for New Craig House, &c.	589 9 2
3. Proportion of £300 additional, as the estimated value of pauper labour in keeping the grounds, in terms of Report by Mr Haldane, C.A.	184 5 10
	<hr/>
	34,104 10 6
Surplus Ordinary Receipts for New Craig House, &c.	£2,484 4 6

ABSTRACT of ORDINARY and EXTRAORDINARY RECEIPTS and PAYMENTS
of the WEST HOUSE.—*For year to 30th September 1912.*

ORDINARY RECEIPTS.

1. Boards	£20,185 6 11
2. Extra Accounts	647 14 10
3. Produce and Sundries sold	433 15 8
4. Rent of Railway Siding	10 0 0
5. Seat Rents in St Cuthbert's Church	2 1 8
6. Claim under Fire Insurance Policies	35 17 9
7. Price of Clothing supplied to Patients leaving the Institution	5 8 10
8. Value of patients' labour performed for New Craig House, &c., as before (see New Craig House Payments 2 and 3)	773 15 0
	<hr/>
	£22,094 0 8

ORDINARY PAYMENTS.

1. Amount thereof, as stated in foregoing Discharge	£21,159 3 10
2. Twenty-eighth instalment to Sinking Fund	£2,701 15 1
Less—Interest on £18,625. 8s. 1d., included in No. 1 hereof	729 18 11
	<hr/>
	1,971 16 2
	<hr/>
	23,131 0 0
Excess of Ordinary Payments over Ordinary Receipts	£1,036 19 4

TABULAR VIEW of the Cost of Maintenance per Head of New Craig House, Intermediate, and Pauper Patients based on the foregoing Account—the numbers being: New Craig House, 215; Intermediates, 169. Patients at the lowest rate of Board, 72; and Paupers, 294.

	New Craig House.			Intermediate.			Paupers and others.		
	£	s.	d.	£	s.	d.	£	s.	d.
1. Provisions, including extra diets, share of Attendants' provisions and vegetables, except in so far as supplied from grounds held to be covered by cost of Gardens and Grounds No. 13	43	19	7	14	4	11	9	11	2
2. Stimulants and Cordials									
3. Clothing		...			...		2	7	11
4. Bedding and Napery	2	14	2	0	18	11·8	0	18	11·8
5. Fuel (including fuel for electric lighting).	5	17	9	1	13	0·4	1	13	0·4
6. Gas Lighting	1	0	1	0	16	9·5	0	16	9·5
7. Water and Washing materials.	2	15	4	0	13	1·9	0	13	1·9
8. Medicines and Surgical Apparatus	1	14	0	0	7	8·3	0	7	8·3
9. Books and Stationery	1	12	5	0	9	2·1	0	9	2·1
10. Tobacco and Snuff		...			...		0	6	2·1
11. Furnishings and Repairs	12	0	10	4	6	7·3	2	14	1·5
12. Public and Parochial Burdens	5	16	0	0	19	6·7	0	19	6·7
13. Expenditure on Gardens and Grounds	2	7	0	0	10	7	0	10	7
14. Feu-Duties and Stipend	3	9	7	0	17	10	0	17	10
15. Fire Insurance	0	7	8	0	1	10·5	0	1	10·5
16. Salaries and Wages	47	4	0	14	17	11·5	12	8	3·6
17. Miscellaneous Payments	2	5	0	0	15	0	0	15	0
18. Value of labour performed by tradesmen and patients for New Craig House and Intermediates	3	12	0	1	3	0	...		
19. Instalment to Sinking Fund, as sanctioned by the Court		...		5	1	0	5	1	0
20. Interest on New Craig House Debt	7	14	2		...		...
<i>Deduct—</i>									
1. From New Craig House, &c.—	144	9	7	47	17	2	40	12	4·4
(1.) Price of Pigs and Sundries sold									
(2.) Rents of Grass Parks	3	15	0						
(3.) Seat Rents in St Cuthbert's Church									
2. From Paupers—									
(1.) Price of Pigs, &c., sold, including Rent of Siding		£0	18	2·5					
(2.) Value of labour performed by paupers for New Craig House and Intermediate patients.		2	12	10·8			3	11	1·3
3. From Intermediates—									
Price of Pigs, &c., sold, including Rent, as above				0	18	2·5			
Cost per head during 1912	140	14	7	46	18	11·5	37	1	3·1

The average number of Patients, Officers, and Domestics during the Year ending

30th September 1911 was 1,013

Do. do. do. 30th September 1912 1,015

Increase in 1912 2

The Cost of Provisions per head during the Year ending 30th Sept. 1911 was £14 18 6

Do. do. do. 30th September 1912 was 13 8 4

Decrease in 1912 £1 10 2

STATE OF DEBT due by CRAIG HOUSE DIVISION, of the ROYAL EDINBURGH ASYLUM FOR THE INSANE, as at 30th September 1912.

Amount thereof	£60,594 19 5
<i>Deduct</i> —Proportion of Debt secured on Craig House due by West House	12,034 9 1
	<u>£48,560 10 4</u>

STATE of FINANCES of NEW CRAIG HOUSE for year to
30th September 1912.

Balance from 1911	£646 2 1
Surplus Receipts, as before	2,484 4 6
	<u>£3,130 6 7</u>
<i>Deduct</i> —Loss on Intermediates	126 14 8
	<u>£3,003 11 11</u>
Decrease on Debt—	
At 30th September 1911	£50,643 18 10
At 30th September 1912	48,560 10 4
	<u>2,083 8 6</u>
	<u>£920 3 5</u>
Arrears of Board, &c., at close of this Account .	£1,003 7 9
Less Balance of do. at 31st December 1884, when the indebtedness of the West House was fixed by the Court, under deduction of arrears of Board written off	83 4 4
	<u>920 3 5</u>

STATE OF DEBT due by the WEST HOUSE of the ROYAL EDINBURGH ASYLUM FOR THE INSANE, as at 30th September 1912.

Amount thereof	<u>£19,034 9 1</u>
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STATE showing the Operation of the SINKING FUND during 1911-12, and contrasting the amount of the Actual Debt at the close of that Year with the Debt as estimated by the late Mr JAMES MARTIN, C.A., in his Report on the Creation of a Sinking Fund.

Estimated Debt.	WEST HOUSE.	Actual Debt.
£ s. d.		£ s. d.
7,497 12 2	Amount of Debt at 30th September 1911 . . .	20,093 7 3
299 18 1	<i>Add—</i>	
	1. Interest £729 18 11	
	2. West House arrears written off as irrecoverable 2 13 4	
	3. Excess of Ordinary Payments over Ordinary Receipts £1,036 19 4	
	<i>Less—</i> Amount effeiring to Intermediates . . . 126 14 8	
	<u>910 4 8</u>	1,642 16 11
<u>7,797 10 3</u>		<u>21,736 4 2</u>
2,701 15 1	<i>Deduct—</i> (1) Twenty-eighth Instalment to Sinking Fund	2,701 15 1
<u>5,095 15 2</u>		<u>19,034 9 1</u>

ABSTRACT

OF THE
TREASURER'S INTROMISSIONS
WITH THE
FUNDS ADMINISTERED BY THE CHARITY COMMITTEE
For the year to 30th September 1912.

CHARGE.

I. Balance at close of last Account	£10	0	2
II. Legacy received	500	0	0
III. Revenue received	350	8	6
IV. Donations received :—			
Alex. Middleton, Esq., 12 Succoth Gardens	£0	2	6
The Misses Rutherford, 14 Albany Street	0	7	6
Mrs. Joseph Smith, 46 Cluny Gardens	0	5	0
John Thomson, Esq., M.D., 14 Coates Crescent	0	5	0
Rev. W. M. M'Gregor, D.D., 28 Walker Street	0	2	6
The Right Hon. The Earl of Stair, Lochinch, Castle Kennedy	1	0	0
Miss M. Nairn, 29 Abercromby Place	0	5	0
James Heron, Esq., 3 Merchiston Avenue	0	10	0
Thomas Barclay, Esq., 1 Ainslie Place	1	0	0
Mrs. Jessie C. Currie, Trinity Cottage	0	10	0
Sir James A. Russell, Woodville, Canaan Lane	1	1	0
Mrs. Mackenzie, 45 Braid Avenue	0	2	6
Mr. and Mrs. A. H. Turnbull	1	1	0
Miss E. C. Wright, 24 Napier Road	0	5	0
J. Stewart Clark, Esq., Dundas Castle, S. Queensferry	5	0	0
Miss M. A. Crawford, 21 Stirling Road	1	0	0
Colonel Leven, 26 Saxe-Coburg Place	0	5	0
Misses Shaw, 14 Deanpark Crescent	0	2	6
Mrs. Cumming Craig, 9 Learmonth Terrace	0	1	3
Alexander Melvin, Esq., 4 Savile Terrace	0	5	0
Thomas Steuart, Esq., 48 Palmerston Place	0	10	0
Miss M. R. Thomson, 34 Priestfield Road	1	0	0
Miss Wishart, Thornton, Dalkeith	0	2	6
Miss I. Wilson, 74 Polwarth Terrace	0	2	6
Miss Violet S. Deas, 32 Heriot Row	0	10	0
Findlay B. Anderson, Esq., 24 St. Andrew Square	2	0	0
"Anonymous"	1	0	0
Miss Leslie, 1 Lansdowne Crescent	0	5	0
Arthur Allison, Esq., 3 Moray Place	0	10	0
John R. Norrie, Esq., 25 Dick Place	0	10	0
John R. Findlay, Esq., 27 Drumsheugh Gardens	3	0	0
Mrs. Stewart, Netherby, Eskbank	0	5	0
Miss Leishman, 4 Douglas Crescent	0	5	0
Alexander Davidson, Esq., 173 Colinton Road	0	2	6
Sheriff Lees, K.C., 4 Darnaway Street	0	5	0
Carry forward	£23	18	3
	£860	8	8

Brought forward	£23	18	3	£860	8	8
Edwin Adam, Esq., K.C., 11 Hillside Crescent	0	5	0			
Misses Fleming, 9 Atholl Crescent	1	0	0			
Sir T. S. Clouston, M.D., 26 Heriot Row	1	1	0			
Mrs. Tod, Clerwood, Corstorphine	1	1	0			
H. B. Finlay, Esq., 15 Strathearn Place	0	10	0			
William C. M'Ewen, Esq., W.S., 9 Douglas Crescent	0	5	0			
Mrs. Mathewson, 25 Cluny Gardens	0	5	0			
Jas. M. Logan White, Esq., Kellerstain, Corstorphine	1	0	0			
Misses Johnston, Harlaw, Hope Terrace	0	10	0			
"Anonymous"	0	1	0			
Mrs. John Wilson, 12 Corrennie Drive	0	2	6			
F. C. Thomson, Esq., Advocate, 5 Northumberland Street	0	5	0			
Mrs. Macdonald, 8 Gillsland Road	0	3	0			
Miss Lorimer, 7 Gillsland Road	0	5	0			
Mrs. Roxburgh, 4 Abbotsford Crescent	0	10	0			
Mrs. Lee, 16 St. Albans Road	0	2	0			
Mr. and Mrs. Stark, 14 Suffolk Road	0	2	6			
Mrs. Landale, 25 Belgrave Crescent	0	5	0			
Miss Saunders, 56 N. Castle Street	0	5	0			
Thomas Summers, Esq., 7 Suffolk Road	2	0	0			
Miss J. M. Ritchie, 22 Charlotte Square	0	2	6			
Mrs. Turnbull, 2 Corrennie Gardens	0	5	0			

£34 3 9

Deduct:—Commission charged by Charity
Organisation Society for collection at $1\frac{1}{2}\%$

0 10 6

£33 13 3

Add:—Donation received from A. G. Bryson,
Esq., C.A.

1 0 0

34 13 3

£895 1 11

DISCHARGE.

I. Sums paid to Royal Edinburgh Asylum in relief of Patients' Boards	£332	12	10
II. Temporary Loan to Edinburgh Corporation	500	0	0
III. Expense of Management, &c.	11	7	6
IV. Balance due by Treasurer at 30th September 1912	51	1	7
	£895	1	11

STATE OF FUNDS AT 30TH SEPTEMBER 1912.

I. Sum in Bond and Disposition in Security over Asylum property	£9,600	0	0
II. Additional sum lent to Royal Edinburgh Asylum	150	0	0
III. Deposit with Edinburgh Corporation on Temporary Loan	500	0	0
IV. Balance due by Treasurer, as above	51	1	7
	£10,301	1	7

EDINBURGH, 24th February 1913.—I have examined the foregoing Account, and the appended State of Funds, and having checked them in connection with the Vouchers and Instructions, find them to be correctly stated and sufficiently vouched and instructed—the balance due by the Treasurer at 30th September 1912 being £51. 1s. 7d.

(Signed) JOHN M. HOWDEN, C.A.

ABSTRACT

OF THE

TREASURER'S INTROMISSIONS

WITH THE

FUNDS BEQUEATHED BY THE LATE MRS BEVAN

For Year to 30th September 1912.

CHARGE.

I. Balance of uninvested funds at close of last Account	.	.	£15 13 8
II. Revenue received	.	.	445 13 2
			<u>£461 6 10</u>

DISCHARGE.

I. Balance due to Treasurer at close of last Account	.	.	£174 10 8
II. Payments made to Royal Edinburgh Asylum for the Insane in			
relief of Patients' Boards	.	.	312 4 8
III. Expense of Management	.	.	15 19 10
			<u>£502 15 2</u>
Deduct Balance due to Treasurer at 30th September 1912	.	.	41 8 4
			<u>£461 6 10</u>

STATE OF FUNDS AT 30TH SEPTEMBER 1912.

I. Amount lent to Royal Edinburgh Asylum for the Insane	.	.	£12,700 0 0
II. Balance due to Treasurer as above	.	.	41 8 4
			<u>£12,658 11 8</u>

EDINBURGH, *24th February 1913.*—I have examined the foregoing Account and the appended State of Funds, and having compared them with the Vouchers and Instructions, find them to be correctly stated and sufficiently vouched and instructed—the balance due to the Treasurer at 30th September 1912 being

Made up thus :— <i>Revenue</i> —Balance due to Treasurer	.	.	£57 2 0
<i>Capital</i> —Balance due by Treasurer	.	.	15 13 8
			<u>£41 8 4</u>

(Signed) JOHN M. HOWDEN, C.A.

NURSING CERTIFICATE

OF THE

MEDICO-PSYCHOLOGICAL ASSOCIATION.

THE following Nurses and Attendants have obtained the Certificate for Proficiency in Mental Nursing, granted by the MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND in 1912:—

CRAIG HOUSE.

NURSE S. CLAQUE.	
„ A. W. CAMERON.	
„ J. SINCLAIR.	
„ C. WILSON.	
„ M. I. GORDON.	
„ J. C. THOM.	
MISS G. CRAIG.	
ATTENDANT J. W. HENDERSON.	

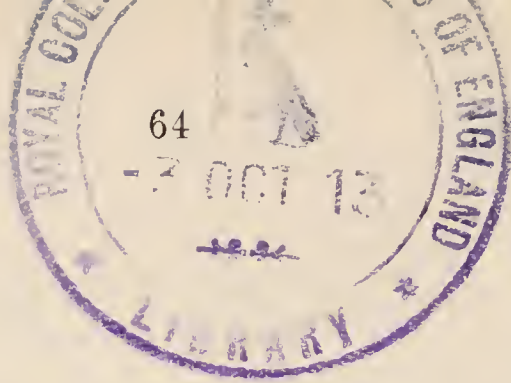
WEST HOUSE.

NURSE E. BLENKIRON.	
„ A. E. G. BLACK.	
„ A. MACKIE.	

The undernoted have passed the Junior Examination:—

NURSE J. BLYTH.	
„ M. FORREST.	
„ B. GREIG.	
„ A. S. DAVIE.	
ATTENDANT J. SHAW.	

NURSE W. M. WATT.	
„ M. D. KILBURN.	
„ F. STONE.	
„ A. L. SANDERSON.	
„ M. TODDIE.	
ATTENDANT J. MORGAN.	



TABLES BY THE STEWARD.

Statement of Work done, with Estimated Value and Actual Cost of Work and Material, at the West House and Craig House, for the Year ending 30th September 1912.

I.—JOINER.

(a.) Estimated Value of Work done at Trade Prices—

	Time.	Material.
Work done for West House	£141 2 2	£112 2 9
„ „ Craig House	214 13 11	228 7 2
Total Value	<u>£355 16 1</u>	<u>£340 9 11</u>

(b.) Actual Cost of Joiner Work—

Material used	£340 9 11
Wages of Joiners	247 18 0
Total Cost	<u>£588 7 11</u>

II.—PAINTER.

(a.) Estimated Value of Work done at Trade Prices—

	Time.	Material.
Work done for West House	£393 13 10	£223 12 1
„ „ Craig House	156 1 3	81 11 5
Total Value	<u>£549 15 1</u>	<u>£305 3 6</u>

(b.) Actual Cost of Painter Work—

Material used	£305 3 6
Wages of Painters	201 18 6
Total Cost	<u>£507 2 0</u>

III.—UPHOLSTERER.

(a.) Estimated Value of Work done at Trade Prices—

	Time.	Material.
Work done for West House	£32 17 7	£62 0 2
„ „ Craig House	53 4 0	98 3 10
Total Value	<u>£86 1 7</u>	<u>£160 4 0</u>

(b.) Actual Cost of Upholstery Work—

Material used	£160 4 0
Wages of Upholsterer	83 10 1
Total Cost	<u>£243 14 1</u>

IV.—MASON.

(a.) Estimated Value of Work done at Trade Prices—

	Time.	Material.
Work done for West House	£33 19 10	£41 15 8
„ „ Craig House	53 9 2	72 19 9
Total Value	<u>£87 9 0</u>	<u>£114 15 5</u>

(b.) Actual Cost of Mason Work—

Material used	£114 15 5
Wages of Mason	74 6 8
Total Cost	<u>£189 2 1</u>

V.—PLUMBER.

(a.) Estimated Value of Work done at Trade Prices—

	Time.	Material.
Work done for West House	£98 3 6	£182 19 4
„ „ Craig House	66 10 8	90 7 0
Total Value	<u>£164 14 2</u>	<u>£273 6 4</u>

(b.) Actual Cost of Plumber Work—

Material used	£273 6 4
Wages of Plumbers	140 9 6
Total Cost	<u>£413 15 10</u>

VI.—BLACKSMITH.

(a.) Estimated Value of Work done at Trade Prices—

	Time.	Material.
Work done for West House	£47 6 5	£43 0 3
„ „ Craig House	45 10 2	39 7 9
Total Value	£92 16 7	£82 8 0

(b.) Actual Cost of Blacksmith Work—

Material used	£82 8 0
Wages of Blacksmith	77 6 8
Total Cost	£159 14 8

VII.—PRINTERS.

(a.) Estimated Value of Work done at Trade Prices—

Time	£54 1 0
----------------	---------

(b.) Wages	£50 4 9
----------------------	---------

VIII.—TAILORS.

(a.) Estimated Value of Work done according to Trade Prices—

New Work for Rate-paid Patients	£89 19 2
Repairs „ „	39 16 2
New Work for Private Patients	47 2 6
Repairs „ „	12 9 1
Total Value	£189 6 11

(b.) Actual Cost of Tailoring—

Material used for Rate-paid Patients	£128 9 8
„ „ „ Private Patients	43 3 0
Wages	£171 12 8
	140 9 6
Total Cost	£312 2 2

IX.—SHOEMAKER.

(a.) Estimated Value of Work done according to Trade Prices—

New Work for Rate-paid Patients	£6 3 6
Repairs „ „ „	58 4 7
„ for Private Patients	22 0 11
Total Value	£86 9 0

(b.) Actual Cost of Shoemaking—

Material used for Rate-paid Patients	£31 5 1
„ „ Private Patients	9 14 5
Wages	£40 19 6
	75 4 9
Total Cost	£116 4 3

X.—CRAIG HOUSE ENGINEERS.

STATEMENT of Total Expenses connected with Engineering Department
for Year ending 30th September 1912.

BOILER HOUSE EXPENDITURE.

Tons.		cwts.									
Coal	{	1,321	5	at 8s. per ton	.	.	.	£528	10	0	
		66	14	„ 11s. „	.	.	.	36	13	8½	
		<hr/>						<hr/>			
		1,387	19					£565	3	8½	
		<hr/>						<hr/>			
Stokers' Wages	.	.	.	.	.	.	.			565	3 8
Cleaning Boilers and Flues	.	.	.	.	.	.	.			156	8 0
Boiler Inspection and Insurance on two Steam Boilers	.	.	.	.	.	.	.			11	0 0
Water, 1,525,000 gallons, at 6d. per 1,000 gallons	.	.	.	.	.	.	.			6	12 6
Oil, Waste, Boiler Composition, &c.	.	.	.	.	.	.	.			38	2 6
Repairs, &c.	.	.	.	.	.	.	.			30	0 0
Weigh Book	.	.	.	.	.	.	.			10	16 0
										1	1 6
										<hr/>	<hr/>
										£819	4 3

Cost of Steam per ton of Fuel consumed, 11s. 9·6557d.

DISTRIBUTION OF STEAM AND PROPORTIONATE COST.

	Tons.	cwts.	qrs.							
Electric Lighting	178	15	1	.	.	.	.	.	£105	10 3
Kitchen	366	0	0	.	.	.	.	.	216	0 6
Heating	181	0	0	.	.	.	.	.	106	16 7
Hot Water	662	3	3	.	.	.	.	.	390	16 11
	<hr/>	<hr/>	<hr/>						<hr/>	<hr/>
	1,387	19	0						£819	4 3

ENGINE-ROOM EXPENDITURE—GENERATION COSTS FOR YEAR.

Coal, 178 tons, 15 cwts., 1 qr. at 11s. 9·6557d. per ton	.	.		£105	10	3
Oil, Waste, Packing, and other Stores	.	.	.	8	14	7
Wages	.	.	.	127	15	0
Repairs and Renewals to Engines	.	.	.	0	10	4
„ „ Dynamos	.	.	.	0	19	0
„ „ Steam Pipes, Tools, and other Machinery	.	.	.	0	8	1
Depreciation in Cost of Renewal of Battery, at 10 per cent. per annum, £235. 16s. 2d.	.	.	.	23	11	8
Engineer's Log-Book	.	.	.	1	19	6
				£269	8	5

Board of Trade Units supplied to Buildings	.	.	44,735
„ „ „ „ Battery	.	.	1,288
„ „ „ Generated	.	.	<u>46,023</u>

Generation Costs per Board of Trade Units Supplied, 1·454 pence.
 „ „ „ „ „ Generated, 1·405 „

Cost of Repairs, Renewals, and New Work in Buildings.

Done by Engingeering Staff.

MATERIAL.

Queen's Craig	.	.	.	.	.	.	.	£5 11 8
Bungalow	.	.	.	.	.	.	.	1 15 8
Male end, Main Building	.	.	.	.	.	.	.	14 9 10
Centre of Main Building	.	.	.	.	.	.	.	13 2 3
Main Kitchen	.	.	.	.	.	.	.	2 4 5
Female end, Main Building	.	.	.	.	.	.	.	16 10 8
East Hospital	.	.	.	.	.	.	.	10 19 3
Bevan House	.	.	.	.	.	.	.	2 1 10
South Craig	.	.	.	.	.	.	.	1 3 9
Old Craig House	.	.	.	.	.	.	.	1 9 7
Grass Mowers	.	.	.	.	.	.	.	0 7 8
Total Cost for Material	.	.	.	.	.	.	.	<u>£69 16 7</u>
Wages for Repairs, Renewals, and New Work in Homes	.	.	.	.	.	.	.	94 5 0
Total	.	.	.	.	.	.	.	<u>£164 1 7</u>

Wages for Firing Heating Boilers in East and West Wings, Bevan House, and South Craig £12 0 0

STATEMENT showing RECEIPTS and EXPENDITURE of
PIGGERY for Year ending 30th September 1912.

RECEIPTS.

Pigs sold	£950	14	7
Valuation of Stock at 30th September 1912	162	6	6
	<u>£1,113</u>	<u>1</u>	<u>1</u>

EXPENDITURE.

Valuation of Stock at 30th September 1911	£259	0	0
Feeding Stuffs	£13	13	0
Furnishings	19	2	9
Coal	6	1	3
Gas	2	0	0
Paid Labour	85	6	3
Kitchen Refuse from Craig House	78	0	0
" " West House	52	0	0
Pigs Bought	169	0	6
		<u>425</u>	<u>3</u>
			<u>9</u>
	£684	3	9
Balance in favour of Piggery	428	17	4
	<u>£1,113</u>	<u>1</u>	<u>1</u>

STATEMENT showing INCOME and EXPENDITURE on
FARM for Year ending 30th September 1912.

INCOME.

	Sold.	Supplied to Asylum.	Total.	
Wool . . .	£3 12 9	...	£3 12 9	
Turnips . . .	...	£43 15 0	43 15 0	
Straw . . .	...	13 15 0	13 15 0	
Oats . . .	...	7 0 0	7 0 0	
Hay . . .	...	24 0 0	24 0 0	
Rhubarb . . .	4 12 11	...	4 12 11	
Services of Horse . . .	...	52 0 0	52 0 0	
Valuation of Stock at 30th September 1912	.	.	.	£148 15 8 84 10 0 <u>£233 5 8</u>

EXPENDITURE.

Value of Stock at 30th September 1911 . . .	.	.	.	£88 15 0
Implements and harness . . .	.	.	£13 19 9	
Farm seeds . . .	.	.	6 15 8	
Feeding stuffs . . .	.	.	5 9 4	
Manures . . .	.	.	10 16 10	
Clipping sheep . . .	.	.	0 8 0	
Gas . . .	.	.	1 0 0	
Paid labour . . .	.	.	20 14 0	
			<u>59 3 7</u>	
Balance in favour of Farm . . .	.	.	.	£147 18 7 85 7 1 <u>£233 5 8</u>